

North Carolina Department of Health and Human Services

**Division of Mental Health, Developmental
Disabilities, and Substance Abuse Services**

**2001-2002 Performance
Agreements with
Area Programs and Counties**

Report on the Fourth Quarter

April 1, 2002 - June 30, 2002

Prepared by

**Advocacy, Client Rights, and Quality Improvement Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services**



August-2002



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse
Services**

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary
Richard J. Visingardi, Ph.D., Director

August 15, 2002

MEMORANDUM

TO: Area Board Chairs
Area Program Directors
County Managers
NC Commission for MH/DD/SAS Members
NC Council of Community Programs
DMH/DD/SAS Executive Staff

FROM: Richard J. Visingardi, Ph.D.

RE: **2001-2002 Performance Agreement Fourth Quarter Report**

This transmits the **fourth quarter report** by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services on its 2001-2002 performance agreements with Area Programs and Counties.

Under these agreements the Division is to provide quarterly reports summarizing results of its monitoring of Area Program or County performance and progress on particular contract requirements. The reports are to include pertinent statewide data and cross-agency comparisons.

State Fiscal Year 2001-2002 is the 3rd year the Division has used formal memoranda of agreement that also serve as performance contracts with its local partners. The current contract form and contents differ somewhat from their predecessor instruments. They reflect ongoing collaborative efforts by the Division and the NC Council of Community Programs to enhance report utility in advancing service improvements, client outcomes and overall fiscal, program and system accountability.

If you have any questions, please let us know.

RJV/mb

Enclosure

cc: Secretary Carmen Hooker Odom
Deputy Secretary Lanier Cansler
Assistant Secretary James Bernstein
Fred Waddle
Connie Cochran
Patrice Roesler
Carol Duncan-Clayton



2001-2002 Performance Agreement Fourth Quarter Report

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Introduction

Background

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services developed the 1999-2000 Performance Agreement to replace the memorandum of agreement which historically was signed by each Area Program or County and the Division. The creation of this new contract marked a significant change in the relationship between the Division and the Area Programs and Counties. It moved the relationship to a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes.

This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

As an important element in achieving such accountability, the Division employs a variety of specified methods to monitor and/or verify Area Program and County fulfillment of their responsibilities and performance requirements as spelled out in the agreements.

State Fiscal Year 2001-2002 is the third year the Division has used these performance agreements with its local partners. As in prior contracts, the current agreements provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present Area-specific performance data, comparisons to statewide data, and cross-Area comparisons.

This is the fourth quarter report under the 2001-2001 Performance Agreements.

It includes data on the performance requirements specified in Section IV of the current agreements. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual frequency. For reasons of economy, only those requirements with a report due in the fourth quarter are included in this report.

The reporting under Accountability 1 also includes corrective actions and management improvements that result from monitoring of items specified in Section III-C of the current agreement and from prior years' monitoring. These may include actions as required by the Secretary of the Department of Health and Human Services, the Division, or as committed to by Area Programs or Counties related to current or prior audits, program reviews or quality improvement processes.

The tables on the following pages list the performance requirements, allied reporting schedules and the Division Section or Branch staff member to contact for information regarding the requirements and/or associated reports.

Appeal Process

If officials of an Area Program or County believe that information contained in this report is in error, the Area Program Director may make a written appeal to the Director of the Division within fifteen (15) working days of receipt of the report by the Area Program or County. The appeal should include reference to the specific requirement(s) that is/are in question, a clear and concise refutation, and any supporting documentation that can assist in the contest.

The Division Director will appoint staff to review the material submitted and to make recommendations as to a decision: either concurrence with or denial of the appeal. In either case, the Division Director will give timely written notice to the Area Director of the outcome of the appeal including the specific reason(s) leading to the decision. In cases where the Division Director concurs with the Area Program, the Division will send letters to the Area Program Director, the Area Board Chair, and the respective County Manager(s) informing them of the error. An errata sheet and/or corrected table, highlighting the correction, will be included in an appendix to the next Performance Agreement quarterly report.

Appeals should be mailed to the following address:

Richard J. Visingardi, Ph.D., Director
North Carolina DMH/DD/SAS
3001 Mail Service Center
Raleigh, NC 27699-3001

2001-2002 Performance Agreement Report Schedule

Revised May 2002 - Changes are shaded

The table below shows which requirements will be reported by quarter or otherwise.

Section IV Performance Requirements			Quarterly Report Schedule			
			1st	2nd	3rd	4th
Category	#	Requirement	Nov 15	Feb 15	May 15	Aug 15
A. Fiscal Management	1	Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to client within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.	As Needed This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2			
	2	Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports. Such reports shall include the following:				
		Quarterly Fiscal Monitoring Reports	X	X	X	X
		Cost Finding Report		X		
		Revenue Adjustment Reports	X	X	X	X
		Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit		X		
		Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report		X		X
		Substance Abuse/Juvenile Justice Initiative Quarterly Reports	X	X	X	X
		TANF/Work First Initiative Quarterly Reports	X	X	X	X
		Volume of Service Submissions for:				
		Regular UCR	X	X	X	X
		Comprehensive Treatment Services Program (CTSP) UCR	X	X	X	X
		UCR-MR/MI	X	X	X	X
		UCR special categorical Adult and Youth Homeless (when applicable)	X	X	X	X
B. Accountability	1	Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program from audits, program reviews or quality improvement processes	X	X	X	X
	2	Achieve and maintain accreditation by the Council on Accreditation	X	X	X	X
	3	Submit timely and complete client data reports for all clients as specified in each of following categories:				
		Client Data Warehouse (CDW)	X	X	X	X
		Client Outcome Initiative (COI)	X	X	X	X
		CTSP Assessment and Outcome Instrument (AOI)	X	X	X	X
		MR/MI Person Centered Plans	X	X	X	X
		NC Treatment Outcomes and Program Performance System (TOPPS) Assessments				X
		Participate in the Developmental Disabilities' Core Indicators Project		X		
		Local Community Collaboratives will submit CTSP waiting list data	X	X	X	X
		Maintain current, accurate computerized database reflecting content specified by the Developmental Disabilities Section	X		X	
		Complete the NC SNAP				X
C. Client Rights and Relations	1	Administer the Division Client Satisfaction Surveys to Mental Health and Substance Abuse clients, consistent with Division standards and submit data received according to Division guidelines		X		
D. Access to Services	1	Provide access to services for eligible children in DSS custody in an attempt to improve penetration rates from FY 01 to FY 02, subject to available funding	X	X	X	X
E. Service Delivery	1	Offer an appointment to see individuals who choose the Area Program for follow-up care within five (5) working days after notification to the Area Program of discharge from state hospitals and ADATC's. If the client does not attend the appointment (i.e., no show), the Area Program will document that reasonable professional efforts were made to see or reschedule the client. (Adult Mental Health and Substance Abuse Services)				X

PA Report Schedule01-02, Q4

2001-2002 Performance Agreement Contact List

Revised February 2002

The table below shows the Division Section or Branch staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Section/Branch Contact Person	Phone/Email	Address
A. Fiscal Management	1	Maintain responsible accounting, reimbursement and financial management practices	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013
	2	Submit all reports required by law, regulations or DHHS:			
		Quarterly Fiscal Monitoring Reports	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013
		Cost Finding Report	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013
		Revenue Adjustment Reports	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013
		Documentation of paybacks for non-compliance items identified during the Annual Medicaid Audit	Manly Fishel, Program Accountability	919/881-2446 Manly.Fishel@ncmail.net	Program Accountability Section Mail Service Center 3012 Raleigh, NC 27699-3012
		Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report	Terrie Qadura, Substance Abuse Services Section	(919)733-4671 Terrie.Qadura@ncmail.net	Substance Abuse Services Section Mail Service Center 3007 Raleigh, NC 27699-3007
		Substance Abuse/Juvenile Justice Initiative Quarterly Reports	Spencer Clark, Substance Abuse Services Section	(919)733-4671 Spencer.Clark@ncmail.net	Substance Abuse Services Section Mail Service Center 3007 Raleigh, NC 27699-3007
		TANF/Work First Initiative	Helen Wolstenholme, Substance Abuse Services Section	(919)733-4671 Helen.Wolstenholme@ncmail.net	Substance Abuse Services Section Mail Service Center 3007 Raleigh, NC 27699-3007
		Volume of Service Submission: Regular UCR (Pioneer)	Rick DeBell, Budget Section or Bob Duke, DHHS Controller's Office	(919) 733-7013 Rick.DeBell@ncmail.net or (919) 733-4630 Bob.Duke@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013 or DHHS Controller's Office Mail Service Center 2019 Raleigh, NC 27699-2019
		Volume of Service Submission: Comprehensive Treatment Services Program (CTSP) UCR	Julie Hayes Seibert, Child and Family Services Section	(919)571-4900 Julie.Seibert@ncmail.net	Child and Family Services Section Mail Service Center 3015 Raleigh, NC 27699-3015
		Volume of Service Submission: MR/MI UCR	Judy Bright, Developmental Disabilities Section or Bob Duke, DHHS Controller's Office	(919) 733-3295 Judy.M.Bright@ncmail.net or (919) 733-4630 Bob.Duke@ncmail.net	Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006 or DHHS Controller's Office Mail Service Center 2019 Raleigh, NC 27699-2019
		UCR special categorical Adult and Youth Homeless (when applicable)	Bonnie Morell, Adult Mental Health Section	(919)571-4980 Bonnie.Morell@ncmail.net	Adult Mental Health Section Mail Service Center 3014 Raleigh, NC 27699-3014
B. Accountability	1	Implement corrective actions and management improvements as required	Contact person for Section/Branch issuing the corrective action		
	2	Achieve and maintain accreditation by the Council on Accreditation (COA)	Michael Byrne, Advocacy, Client Rights, and Quality Improvement Section	919/420-7927 Michael.Byrne@ncmail.net	Advocacy, Client Rights, and Quality Improvement Section Mail Service Center 3009 Raleigh, NC 27699-3009

Continued on next page

2001-2002 Performance Agreement Contact List

Revised February 2002

The table below shows the Division Section or Branch staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Section/Branch Contact Person	Phone/Email	Address
B. Accountability	3	Submit timely and complete client data reports:			
		Client Data Warehouse (CDW)	Deborah Merrill, Data Operations Branch	(919)733-4460 Deborah.Merrill@ncmail.net	Data Operations Branch Mail Service Center 3019 Raleigh, NC 27699-3011
		Client Outcomes Instrument (COI)	Deborah Merrill, Data Operations Branch	(919)733-4460 Deborah.Merrill@ncmail.net	Data Operations Branch Mail Service Center 3019 Raleigh, NC 27699-3011
		CTSP Assessment and Outcome Instrument (AOI)	Julie Hayes Seibert, Child and Family Services Section	(919)571-4900 Julie.Seibert@ncmail.net	Child and Family Services Section Service Center 3015 Raleigh, NC 27699-3015 Mail
		MR/MI Person Centered Plans	Judy Bright, Developmental Disabilities Section	(919)733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006
		NC Treatment Outcomes and Program Performance System (NCTOPPS) Assessment	Spencer Clark, Substance Abuse Services Section	(919)733-4671 Spencer.Clark@ncmail.net	Substance Abuse Services Section Service Center 3007 Raleigh, NC 27699-3007 Mail
		Participate in the Developmental Disabilities Core Indicator Project	Judy Bright, Developmental Disabilities Section	(919)733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006
		Local Community Collaboratives will submit CTSP waiting list data	Julie Hayes Seibert, Child and Family Services Section	(919)571-4900 Julie.Seibert@ncmail.net	Child and Family Services Section Service Center 3015 Raleigh, NC 27699-3015 Mail
		Maintain current, accurate computerized database reflecting content specified by the DD Section	Judy Bright, Developmental Disabilities Section	(919)733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006
		Complete the NC SNAPP	Judy Bright, Developmental Disabilities Section	(919)733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006
C. Client Rights and Relations	1	Administer the Division Client Satisfaction Survey to Mental Health and Substance Abuse clients	Deborah Merrill, Data Operations Branch	(919)733-4460 Deborah.Merrill@ncmail.net	Data Operations Branch Mail Service Center 3019 Raleigh, NC 27699-3011
D. Access to Services	1	Provide access to services for eligible children in DSS custody	Julie Hayes Seibert, Child and Family Services Section	(919)571-4900 Julie.Seibert@ncmail.net	Child and Family Services Section Service Center 3015 Raleigh, NC 27699-3015 Mail
E. Service Delivery	1	Schedule and see individuals within 5 working days of discharge			
		Adult Mental Health	Bonnie Morell, Adult Mental Health Section	(919)571-4980 Bonnie.Morell@ncmail.net	Adult Mental Health Section Mail Service Center 3014 Raleigh, NC 27699-3014
		Substance Abuse Services	Doug Baker, Substance Abuse Services Section	(919)733-4671 Doug.Baker@ncmail.net	Substance Abuse Services Section Service Center 3007 Raleigh, NC 27699-3007 Mail

PA Contact List, Q4

Reports on the
Area Program/County Performance Requirements
of the
2001-2002 Performance Agreements

2001-2002 Performance Agreement
Fourth Quarter Report
April 1, 2002 - June 30, 2002

Fiscal Management 1

Performance Requirement: Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to clients within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.

<p>This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2</p>

FM1-MaintainRespPractices, Q4

2001-2002 Performance Agreement
Fourth Quarter Report
April 1, 2002 - June 30, 2002

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Quarterly Fiscal Monitoring Reports

Explanation: This report lists Area Programs status regarding submission of required quarterly fiscal monitoring reports through the fourth quarter FY 2001-2002

Area Program/County	1st Qtr FY 01-02 Report Received	2nd Qtr FY 01-02 Report Received	3rd Qtr FY 01-02 Report Received	4th Qtr FY 01-02 Cash-Basis Report Received	4th Qtr FY 01-02 Accrual-Basis Report Received	Comments
Alamance-Caswell	✓	✓	✓			
Albemarle	✓	✓	✓			
Blue Ridge	✓	✓	✓			
Catawba	✓	✓	✓			
CenterPoint	✓	✓	✓			
CrossRoads	✓	✓	✓			
Cumberland	✓	✓	✓			
Davidson	✓	✓	✓			
Duplin-Sampson-Lenoir	✓	✓	✓			
Durham	✓	✓	✓			
Edgecombe-Nash	✓	✓	✓			
Foothills	✓	✓	✓			
Guilford	✓	✓	✓			
Johnston	✓	✓	✓			
Lee-Harnett	✓	✓	✓			
Mecklenburg	✓	✓	✓			
Neuse	✓	✓	✓			
New River	✓	✓	✓			
Onslow	✓	✓	✓			
Orange-Person-Chatham	✓	✓	✓			
Pathways	✓	✓	✓			
Piedmont	✓	✓	✓			
Pitt	✓	✓	✓			
Randolph	✓	✓	✓			
RiverStone	✓	✓	✓			
Roanoke-Chowan	✓	✓	✓			
Rockingham	✓	✓	✓			
Rutherford-Polk	✓	✓	✓			
Sandhills	✓	✓	✓			
Smoky Mountain	✓	✓	✓			
Southeastern Center	✓	✓	✓			
Southeastern Regional	✓	✓	✓			
Tideland	✓	✓	✓			
Trend	✓	✓	✓			
Tri-alliance	✓	✓	✓			
Vance-Granville-Franklin-Warren	✓	✓	✓			
Wake	✓	✓	✓			
Wayne	✓	✓	✓			
Wilson-Greene	✓	✓	✓			

4th Qtr Report
not due until after
7/31/02

FM2- QFiscal Monitoring Report, Q4

2001-2002 Performance Agreement
Fourth Quarter Report
April 1, 2002 – June 30, 2002

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Semi-Annual SAPTBG Compliance Report: Mid-Year and Year-End**

AREA PROGRAM/COUNTY	Criterion 1		Criterion 2		Criterion 3		Criterion 4		
	Receipt of Report from Area Program (Date Received)		Timeliness of Receipt of Report (Yes/No)		Completeness of Report (Yes/No)		Compliance with 48 Hour Per Report Period Synar Activity (Yes/No)		
	Mid-Year	Year-End	Mid-Year	Year-End	Mid-Year	Year-End	Mid-Year	Year-End	Combined
# and % of Area Programs Meeting Each Criterion (Reflected as "Date" or "Yes")	39 100%	38 97%	37 95%	34 87%	39 100%	38 97%	31 79%	31 79%	28 72%
# and % of Area Programs Not Meeting Each Criterion (Reflected as "None" or "No")	0 0%	1 3%	2 5%	5 13%	0 0%	1 3%	8 21%	8 21%	11 28%
Alamance-Caswell	1/22	7/18	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Albemarle	1/18	7/19	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Blue Ridge	1/17	7/19	Yes	Yes	Yes	Yes	Yes	No	No
Catawba	1/17	7/19	Yes	Yes	Yes	Yes	Yes	Yes	Yes
CenterPoint	1/22	7/19	Yes	Yes	Yes	Yes	No	Yes	No
Crossroads	1/22	7/26	Yes	No	Yes	Yes	Yes	Yes	Yes
Cumberland	1/18	7/19	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Davidson	1/22	7/17	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Duplin-Sampson	1/22	7/20	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Durham	1/18	7/19	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Edgecombe-Nash	1/18	7/18	Yes	Yes	Yes	Yes	No	Yes	No
Foothills	1/17	7/20	Yes	Yes	Yes	Yes	No	Yes	No
Guilford	1/16	7/18	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Johnston	1/18	7/18	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lee-Harnett	1/22	7/20	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lenoir	1/18	7/19	Yes	Yes	Yes	Yes	No	Yes	Yes
Mecklenburg	1/22	7/18	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Neuse	1/18	7/19	Yes	Yes	Yes	Yes	Yes	Yes	Yes
New River	1/22	7/17	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Onslow	1/28	7/20	No	Yes	Yes	Yes	Yes	Yes	Yes
Orange-Person-Chatham	1/18	7/19	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pathways	1/18	7/19	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Piedmont	1/20	7/22	Yes	Yes	Yes	Yes	No	Yes	No
Pitt	1/22	7/19	Yes	Yes	Yes	Yes	Yes	No	Yes
Randolph	1/22	7/20	Yes	Yes	Yes	Yes	Yes	Yes	Yes
RiverStone	1/18	7/18	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Roanoke-Chowan	1/18	7/17	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Rockingham	1/22	None	Yes	No	Yes	No	Yes	No	No
Rutherford-Polk	1/22	7/24	Yes	No	Yes	Yes	Yes	Yes	Yes
Sandhills	1/22	7/16	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Smoky Mountain	1/24	7/23	No	No	Yes	Yes	No	No	No
Southeastern Center	1/16	7/18	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Southeastern Regional	1/18	7/20	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tideland	1/18	7/18	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Trend	1/19	7/20	Yes	Yes	Yes	Yes	Yes	No	No
V-G-F-W	1/18	7/18	Yes	Yes	Yes	Yes	No	Yes	No
Wake	1/22	7/18	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wayne	1/22	7/19	Yes	Yes	Yes	Yes	No	No	No
Wilson-Greene	1/18	7/25	Yes	No	Yes	Yes	No	No	No

Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2002.

I. Performance Agreement Requirement under Fiscal Management 2

The Semi-Annual Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report is to be completed by designated area program staff according to written instructions provided with the report form. Semi-Annual Reports are to be submitted to the Substance Abuse Services Section to the attention of Terrie Qadura, SAPTBG Report Coordinator, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC 27603. Questions about Report completion may be directed to Terrie Qadura or Spencer Clark at (919) 733-0696.

II. Description of SAS Review Summary of Area Program Compliance with Division SFY 01-02 Performance Agreement: Semi-Annual SAPTBG Compliance Report

The SAS Review Summary of Area Program Compliance for the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) has been developed to provide information about area program compliance with designated criteria that have been selected for the Substance Abuse Prevention and Treatment Block Grant Initiative for SFY 01-02. Evaluation of compliance on individual criterion has been determined through comparison of the area program's documentation on the Semi-Annual Report for the report period for each of the following criterion.

Criterion 1: Receipt of Report from Area Program

Receipt of Report from Area Program will be determined on the basis of whether a report has been received by the SAS Section State Office prior to the date of the SAS Review Summary completion and submission to the Division's Program Evaluation Branch. The date of this submission is 10 days following the report due date. **Meeting of Criterion** is reflected by the listing of a "Date" that the report was received. **Not Meeting of Criterion** is reflected by the designation of "None". **Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2002.**

Criterion 2: Timeliness of Receipt of Report

The SFY 2001-2002 Semi-Annual SAPTBG Compliance Report Mid-Year Report for the period of July 1, 2001 through December 31, 2001 is due to the Substance Abuse Services Section on January 20, 2002.

The SFY 2001-2002 Semi-Annual SAPTBG Compliance Report Year-End Report for the period from January 1, 2002 through June 30, 2002 is due to the Substance Abuse Services Section on July 20, 2002.

Meeting of Criterion is reflected by the designation of "Yes". **Not Meeting of Criterion** is reflected by the designation of "No". **Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2002.**

Timeliness of report receipt will be determined on the basis of whether submission to Terrie Qadura in the SAS State Office has been as follows:

- Receipt by US Mail, commercial carrier, or courier not later than by 5:00 pm on the due date; or
- Receipt by E-Mail to **Terrie.Qadura@ncmail.net** not later than by 5:00 pm on the due date; or
- Receipt by fax to Terrie Qadura at (919) 733-9455 not later than by 5:00 pm on the due date, with verbal confirmation by the program with Terrie Qadura at (919) 733-0696 of actual report receipt.

Note: If an area program report Due Date falls on a Saturday, Sunday, or Holiday, the report will be considered timely by the Substance Abuse Services Section if received by 5:00 pm on the immediately following business day.

Criterion 3: Completeness of Entries of Report

Completeness of report will be determined on the basis of submission to the SAS State Office with full data and complete service activity for all applicable time periods and report sections. **Meeting of Criterion** is reflected by the designation of "Yes". **Not Meeting of Criterion** is reflected by the designation of "No". **Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2002.**

Criterion 4: Compliance with 48-Hour Per Report Period Synar Activity

Meeting of Criterion is reflected by the designation of "Yes". **Not Meeting of Criterion** is reflected by the designation of "No". **Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2002.**

Compliance with Synar Activity for FY 01-02 will be determined as follows:

- For the Mid-Year Report, a minimum of 48 hours of allowable activity must be documented for the 1st six-month reporting period.
- For the Year-End Report, a minimum of 48 hours of allowable activity must be documented for the 2nd six-month reporting period.
- For the Combined Report for the 12-month period, a minimum of 96 hours during the 12-month period must be documented.

2001-2002 Performance Agreement
Fourth Quarter Report
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Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Substance Abuse/Juvenile Justice Initiative Quarterly Report

AREA PROGRAM/ COUNTY	SA/JUVENILE JUSTICE PROGRAM	Criterion 1				Criterion 2				Criterion 3			
		Receipt of Report from Area Program (Date Received)				Timeliness of Receipt of Report (Yes/No)				Completeness of Report (Yes/No)			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
# and % of Area Programs Meeting Criterion	Meeting Criterion Reflected by Date or 'Y'	36	35	36	35	30	30	27	27	36	36	36	35
		100 %	97 %	100 %	100 %	83 %	83 %	75 %	77 %	100 %	100 %	100 %	100 %
# and % of Area Programs Not Meeting Criterion	Not Meeting Criterion Reflected by 'None' or 'N'	0	1	0	0	6	6	9	8	0	0	0	0
		0 %	3 %	0 %	0 %	17 %	17 %	25 %	23 %	0 %	0 %	0 %	0 %
Alamance-Caswell	MAJORS	10/23	1/28	4/29	7/16	N	N	N	Y	Y	Y	Y	Y
Albemarle	Multi-Purpose GH	10/19	1/22	4/29	7/19	Y	Y	N	Y	Y	Y	Y	Y
Blue Ridge	Juvenile Detention	10/17	1/18	4/19	7/17	Y	Y	Y	Y	Y	Y	Y	Y
	Youth Develop. Ctr.	10/17	1/18	4/19	7/17	Y	Y	Y	Y	Y	Y	Y	Y
	BRIDGE Program	10/17	1/18	4/19	7/17	Y	Y	Y	Y	Y	Y	Y	Y
CenterPoint	Juvenile Detention	10/19	1/18	4/30	7/17	Y	Y	N	Y	Y	Y	Y	Y
	MAJORS	10/19	1/29	4/22	7/17	Y	N	Y	Y	Y	Y	Y	Y
Cumberland	Juvenile Detention	10/19	1/17	4/17	7/19	Y	Y	Y	Y	Y	Y	Y	Y
	MAJORS	10/19	1/17	4/17	7/19	Y	Y	Y	Y	Y	Y	Y	Y
Durham	Juvenile Detention	10/26	1/25	4/26	7/23	N	N	N	N	Y	Y	Y	Y
	MAJORS	10/01	1/18	4/1	7/8	Y	Y	Y	Y	Y	Y	Y	Y
Guilford	Juvenile Detention	10/24	1/17	4/17	7/18	N	Y	Y	Y	Y	Y	Y	Y
	MAJORS	10/18	1/17	4/16	7/17	Y	Y	Y	Y	Y	Y	Y	Y
Lenoir	Youth Develop. Ctr.	10/18	1/18	4/10	7/19	Y	Y	Y	Y	Y	Y	Y	Y
Mecklenburg	Juvenile Detention	10/15	1/22	4/20	7/23	Y	Y	Y	N	Y	Y	Y	Y
Neuse	Multi-Purpose GH	10/18	1/22	4/22	7/23	Y	Y	Y	N	Y	Y	Y	Y
	MAJORS	10/18	1/22	4/22	7/23	Y	Y	Y	N	Y	Y	Y	Y
New River	Juvenile Detention	10/29	1/25	4/26	NA	N	N	N	NA	Y	Y	Y	NA
Pathways	Juvenile Detention	10/16	1/16	4/17	7/17	Y	Y	Y	Y	Y	Y	Y	Y
Piedmont	Youth Develop. Ctr.	10/17	1/10	4/17	7/22	Y	Y	Y	Y	Y	Y	Y	Y
	MAJORS	10/20	1/10	4/19	7/22	Y	Y	Y	Y	Y	Y	Y	Y
Pitt	Juvenile Detention	10/18	1/22	4/26	7/17	Y	Y	N	Y	Y	Y	Y	Y
	MAJORS	10/18	1/22	4/26	7/22	Y	Y	N	Y	Y	Y	Y	Y
Roanoke-Chowan	Multi-Purpose GH	10/26	1/18	4/22	7/24	N	Y	Y	N	Y	Y	Y	Y
Rockingham	MAJORS	10/15	1/24	4/29	7/19	Y	N	N	Y	Y	Y	Y	Y
Sandhills	Juvenile Detention	10/16	1/22	4/15	7/26	Y	Y	Y	N	Y	Y	Y	Y
	Youth Develop. Ctr.	10/16	1/18	4/15	7/26	Y	Y	Y	N	Y	Y	Y	Y
	MAJORS	10/16	1/22	4/15	7/26	Y	Y	Y	N	Y	Y	Y	Y
Smoky Mountain	Multi-Purpose GH	10/19	1/17	4/18	7/19	Y	Y	Y	Y	Y	Y	Y	Y
SE Center	Juvenile Detention	10/18	1/22	4/18	7/15	Y	Y	Y	Y	Y	Y	Y	Y
SE Regional	Multi-Purpose GH	10/24	1/10	4/12	7/18	N	Y	Y	Y	Y	Y	Y	Y
Tideland	MAJORS	10/18	1/22	4/17	7/19	Y	Y	Y	Y	Y	Y	Y	Y
V-G-F-W	Youth Develop. Ctr.	10/18	1/22	4/18	7/19	Y	Y	Y	Y	Y	Y	Y	Y
Wake	Juvenile Detention	10/10	1/15	4/19	7/18	Y	Y	Y	Y	Y	Y	Y	Y
	MAJORS	10/15	1/17	4/8	7/18	Y	Y	Y	Y	Y	Y	Y	Y
Wayne	Multi-Purpose GH	10/19	4/29	4/29	7/18	Y	N	N	Y	Y	Y	Y	Y

Report revisions are designated in bold and based on data received after the last Performance Agreement Quarterly Report.

FM2-SAJJ, Q4

I. Performance Agreement Requirement under Fiscal Management 2

The Substance Abuse/Juvenile Justice Initiative Quarterly Report is to be completed by designated area programs and contract agencies and submitted to the Substance Abuse Services Section to the attention of Terrie Qadura, SA/JJ Initiative Quarterly Report Coordinator, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC. Questions about Report completion may be directed to Terrie Qadura or Spencer Clark at (919) 733-0696.

II. Description of SAS Review Summary of Area Program Compliance with Division SFY 01-02 Performance Agreement: Substance Abuse/Juvenile Justice Initiative Quarterly Report

The SAS Review Summary for the Substance Abuse/Juvenile Justice Initiative Quarterly Report has been developed to provide information about area program and contract agency compliance with designated criteria that have been selected for these programs for SFY 01-02. Evaluation of compliance on individual criterion has been determined through comparison of the program's documentation on the Quarterly Reports for the report period for each of the following:

Criterion 1: Receipt of Report from Area Program

Receipt of Report from Area Program will be determined on the basis of whether a report has been received by the SAS Section State Office prior to the date of the SAS Review Summary completion and submission to the Division's Program Evaluation Branch. The date of this submission is 10 days following the report due date.

Criterion 2: Timeliness of Receipt of Report

The applicable dates for the Substance Abuse/Juvenile Justice Initiative Quarterly Report of Area Program Compliance with Division SFY 2001-2002 Performance Agreement for the period of July 1, 2001 through June 30, 2002 are as follows:

Report Quarter: 1st	Report Period: 07/01/01 – 9/30/01	Due Date: 10/20/01
Report Quarter: 2nd	Report Period: 10/01/01 – 12/31/01	Due Date: 01/20/02
Report Quarter: 3rd	Report Period: 01/01/02 – 03/31/02	Due Date: 04/20/02
Report Quarter: 4th	Report Period: 04/01/02 – 06/30/02	Due Date: 07/20/02

Timeliness of report receipt will be determined on the basis of whether submission to Terrie Qadura in the SAS State Office has been as follows:

- Receipt by US Mail, commercial carrier, or courier not later than by 5:00 pm on the due date; or
- Receipt by E-Mail to **Terrie.Qadura@ncmail.net** not later than by 5:00 pm on the due date; or
- Receipt by fax to **Terrie.Qadura** at (919) 733-9455 not later than by 5:00 on the due date, with verbal confirmation by the program with **Terrie.Qadura** at (919) 733-0696 of actual report receipt.

Note: If an area program report Due Date falls on a Saturday, Sunday, or Holiday, the report will be considered timely by the Substance Abuse Services Section if received by 5:00 pm on the immediately following business day.

Criterion 3: Completeness of Report

Completeness of report submission will be determined on the basis of submission to the SAS State Office with full data for all applicable report sections.

FM2-SAJJ, Q4

2001-2002 Performance Agreement

Fourth Quarter Report

April 1, 2002 - June 30, 2002

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: TANF/Work First Initiative Quarterly Reports

	Criterion 1:	Criterion 2:	Criterion 3:	Action:
Area Program/County	% Compliance with Receipt of Report(s) with Data for Each County of Area Program	% Compliance with Timeliness of Receipt of Report(s)	% Compliance with Completeness of Report(s)	Corrective Action Required of Area Program 30 Days From Receipt of Report
# of Area Programs Fully Meeting Each Criterion (100% Score)	34 or 90%	34 or 90%	30 or 79%	
# of Area Programs Not Fully Meeting Each Criterion (< 100% Score)	4 or 10%	4 or 10%	8 or 21%	
Alamance-Caswell	100%	100%	100%	
Albemarle	100%	100%	100%	
Blue Ridge	100%	100%	100%	
Catawba	100%	100%	100%	
CenterPoint	100%	100%	100%	
Crossroads	100%	100%	100%	
Cumberland	100%	100%	100%	
Davidson	100%	100%	100%	
Duplin-Sampson-Lenoir	100%	100%	100%	
Durham	100%	100%	100%	
Edgecombe-Nash	100%	100%	100%	
Foothills	100%	100%	75%	
Guilford	100%	100%	100%	
Johnston	100%	100%	100%	
Lee-Harnett	100%	100%	100%	
Mecklenburg	100%	100%	100%	
Neuse	100%	100%	100%	
New River	0%	0%	0%	Required for Criterion 1
Onslow	100%	100%	100%	
Orange-Person-Chatham	100%	100%	100%	
Pathways	100%	100%	100%	
Piedmont	100%	100%	75%	
Pitt	0%	0%	0%	Required for Criterion 1
Randolph	100%	100%	100%	
RiverStone	100%	100%	100%	
Roanoke-Chowan	100%	100%	100%	
Rockingham	0%	0%	0%	Required for Criterion 1
Rutherford-Polk	50%	50%	50%	Required for Criterion 1
Sandhills	100%	100%	100%	
Smoky Mountain	100%	100%	100%	
Southeastern Area	100%	100%	33%	
Southeastern Regional	100%	100%	75%	
Tideland	100%	100%	100%	
Trend	100%	100%	100%	
Vance-Granville-Franklin-Warren	100%	100%	100%	
Wake	100%	100%	100%	
Wayne	100%	100%	100%	
Wilson-Greene	100%	100%	100%	

2001-2002 Performance Agreement
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April 1, 2002 - June 30, 2002

Fiscal Management 2

Performance Agreement Requirement under Fiscal Management 2

The Work First/Substance Abuse Quarterly Report is to be completed by the area program Qualified Substance Abuse Professional (QSAP) or designee for each county served by an area program according to written instructions provided with the report form. Quarterly Reports are to be submitted to the SAS Section to the attention of Kathy J. McNeill, Social Research Associate, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Questions may be directed to Kathy McNeill or Helen Wolstenholme at (919) 733-4671.

SFY 01-02 Report Due Dates for Work First/Substance Abuse Quarterly Reports

Quarter 1: Report Period: July 1, 2001 - September 30, 2001	Due Date: October 20, 2001
Quarter 2: Report Period: October 1, 2001 - December 31, 2001	Due Date: January 20, 2002
Quarter 3: Report Period: January 1, 2002 - March 31, 2002	Due Date: April 20, 2002
Quarter 4: Report Period: April 1, 2002 - June 30, 2002	Due Date: July 20, 2002

Performance Agreement: Work First/Substance Abuse Quarterly Report

The SAS Review Summary of Area Program Compliance for the Work First/Substance Abuse Quarterly Report has been developed to provide feedback to area programs about their compliance with the Work First/Substance Abuse Initiative. Evaluation of compliance on individual criteria has been determined through comparison of the area program's documentation on the Quarterly Report(s) for the report period with each of these criteria.

Criterion 1: Receipt of Report by State Office

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the SAS Section State Office by the SAS Report Date. **Fully Meeting** criterion is reflected in a score of 100%. **Not Fully Meeting** criterion is reflected in a score of less than 100%.

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the SAS Section State Office by the SAS Report Date. Fully meeting criterion is reflected in a score

Timeliness of report receipt will be determined on the basis of whether submission to Kathy McNeill in the SAS State Office has been as follows:

- ◆ Receipt by US Mail, commercial carrier, or courier not later than by 5:00 PM on due date
- ◆ Receipt by e-mail to Kathy.McNeill@ncmail.net not later than by 5:00 PM on due date; or
- ◆ Receipt by fax to Kathy McNeill at (919) 733-9455 by 5:00 PM on due date, with verbal confirmation by the program with Kathy McNeill at (919) 733-4671 of actual report receipt

Fully Meeting criterion is reflected in a score of 100%. **Not Fully Meeting** criteria is reflected in a score of less than 100%.

*****Note:** If an area program report Due Date falls on a Saturday, Sunday, or holiday, the report will be considered timely by the Substance Abuse Services Section if received by 5:00 PM on the immediate following business day.

Criterion 3: Completeness of Report Submission

Completeness of report submission will be determined on the basis of submission to the SAS State Office as follows:

- ◆ Provision of information is identifiable for full area program or by county served -- reports will be identifiable by individual County-Based Service Unit; and
- ◆ Provision of information is identifiable by calendar month; and
- ◆ Provision of full data and complete service activity is included. **Fully Meeting** criterion is reflected in a score of 100%.

Any area program not meeting Criterion 1 through lack of submission of the required Quarterly Report(s) will be required as a Corrective Action to submit the required 4th Quarter Report for all counties to the Substance Abuse Services Section by September 29, 2002. Corrective Action(s) are to be directed to the attention of Kathy J. McNeill, Social Research Associate, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Any questions about Corrective Action(s) required may be directed to Helen Wolstenholme at (919) 733-4671.

Note Regarding Circumstances for Approval of Report Due Date Extension

It is the expectation in the Division Performance Agreement that area programs will routinely submit timely and complete reports to the Substance Abuse Services Section that provide evidence of compliance with program requirements. In the event of unforeseen difficulties in meeting timely completion and/or submission of reports due to extraordinary circumstances such as a declared emergency or natural disaster, programs may be considered for an extension through receipt of a written request by Helen Wolstenholme no later than 7 days prior to the original report due date with explanation of circumstances. Written approval of a due date extension may be granted by Helen Wolstenholme after consultation with State office staff.

2001-2002 Performance Agreement
Fourth Quarter Report
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Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for regular UCR

The Division Budget Office is currently working with the DHHS Controller's Office to work out reporting protocols appropriate to the cumulative nature of Area Program
Volume of Service Reports

FM2-VOS RegularUCR,Q4

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for Comprehensive Treatment Services Program UCR

Area Program/County	Percent of UCR Budget Earned (6/29/02)
Statewide	77%
Alamance-Caswell	78%
Albemarle	92%
Blue Ridge	100%
Catawba	58%
Centerpoint	75%
Crossroads	60%
Cumberland	58%
Davidson	68%
Duplin-Sampson-Lenoir*	100%
Durham	38%
Edgecombe-Nash	69%
Foothills	83%
Guilford	61%
Johnston**	100%
Lee-Harnett	57%
Mecklenburg	80%
Neuse	89%
New River	68%
Onslow	52%
Orange-Person-Chatham	80%
Pathways	109%
Piedmont	93%
Pitt	86%
Randolph	74%
Riverstone	101%
Roanoke-Chowan	72%
Rockingham	78%
Rutherford-Polk	63%
Sandhills	92%
Smoky Mountain	77%
Southeastern Center*	100%
Southeastern Regional	82%
Tideland	77%
Trend	54%
VGFW	63%
Wake	73%
Wayne	54%
Wilson-Greene	107%

*- Area Program is a pilot site for IPRS

** - CTSP services are provided through a provider contract

NOTE: Area Program allocations have been adjusted to reflect various de-allocation amounts that occurred as a result of the State's budget crisis. De-allocation amounts were based on earnings projections.

FM2-VOS CTSP UCR, Q4

2001-2002 Performance Agreement
Fourth Quarter Report
April 1, 2002 - June 30, 2002

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Volume of service reports for UCR special categorical Adult and Youth Homeless.**

Area Program/County PATH* Site	4th Quarter Report Submitted	Comments
Blue Ridge (adult)	Yes	
CenterPoint (adult)	Yes	
Cumberland (adult)	Yes	
Cumberland (youth)	Yes	
Durham (adult)	Yes	
Mecklenburg (adult)	Yes	
Southeastern Center (adult)	Yes	
Wake (adult)	Yes	
Wake (youth)	NA	No longer PATH site

*PATH (Programs for Assistance in Transition from Homelessness)

FM2- Adult & Youth Homeless UCR, Q2

2001-2002 Performance Agreement
Fourth Quarter Report
April 1, 2002 - June 30, 2002

Accountability 1

Performance Requirement: Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program/County form audits, program reviews or quality improvement processes

Area Program/County	Number of Corrective Actions pending end of 4th quarter SFY 01-02*	Number of Corrective Actions pending end of 3rd quarter SFY 01-02	Number of Corrective Actions pending end of 2nd quarter SFY 01-02
Alamance-Caswell	3	4	4
Albemarle	1	2	1
Blue Ridge	3	2	1
Catawba	0	2	1
CenterPoint	4	3	3
Crossroads	4	7	5
Cumberland	1	3	2
Davidson	3	2	1
Duplin-Sampson	1	3	2
Durham	3	6	3
Edgecombe-Nash	1	4	2
Foothills	11	8	6
Guilford	6	7	5
Johnston	0	1	2
Lee-Harnett	3	3	2
Lenoir	1	4	3
Mecklenburg	7	9	7
Neuse	3	4	2
New River	8	10	9
Onslow	12	9	5
Orange-Person-Chatham	3	5	3
Pathways	3	7	3
Piedmont	5	5	3
Pitt	3	4	3
Randolph	2	7	3
RiverStone	6	6	6
Roanoke-Chowan	0	1	2
Rockingham	5	6	2
Rutherford-Polk	13	14	8
Sandhills	1	6	3
Smoky Mountain	5	8	5
Southeastern Center	3	4	3
Southeastern Regional	6	4	2
Tideland	5	4	3
Trend	0	3	2
V-G-F-W	5	6	4
Wake	5	9	5
Wayne	7	9	6
Wilson-Greene	0	3	2
Statewide Average	3.89	5.23	3.44

*Particulars are provided, by Area Program/County, on the following pages

Accountability1 Summary, Q4

**Accountability 1
Alamance-Caswell**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2- Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002			06/30/02	As of 7/01/02, wait list data is submitted quarterly.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		36 % of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 4 (June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	8/15/2002				No data submission to the CDW for Quarter 4 (June) FY 2002.
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).

Accountability 1 Albemarle

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002	06/14/2002	89 % of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				

Accountability 1 Blue Ridge

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002	04/12/2002		59.4 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 75%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		74 % of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				73 % of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

**Accountability 1
Catawba**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/02 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/02 for Qtr. 3			05/15/2002	Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS Code).

Accountability 1 CenterPoint

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		65.6 % of the expected number of initial COI's were submitted as of 12/10/01. Pctage of COI's submitted is now at 82.2%. COI Policy is under review by Div. Staff.
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		47.2 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		62 % of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				65 % of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

Accountability 1 Crossroads

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	65.7 % of the expected number of initial COI's were submitted as of 12/10/01. Pctage of COI's submitted is now at 65.0%. COI Policy is under review by Div. Staff.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		65.7 % of the expected number of initial COI's were submitted as of 12/10/01. Pctage of COI's submitted is now at 65.0%. COI Policy is under review by Div. Staff.

Accountability 1 Crossroads

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002	06/10/2002	59 % of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	05/06/2002	62.1 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).

Accountability 1

Crossroads

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: 03/02 data not submitted to the Client Data Warehouse Quarter 3 . Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			05/15/2002	No data submission for Quarter 3 (March missing).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				44.0 % of the expected number of initial COI's were submitted.

Accountability 1 Cumberland

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		76.8 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 80.7%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	57.0 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002	06/05/2002	88 % of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

**Accountability 1
Davidson**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		32.8 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 32.2%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		37% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				49% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

Accountability 1 Duplin-Sampson

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Substance Abuse Data Exceeds 10% (Methadone).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Required Data Fields Exceeds 10% (Ability To Pay).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002	06/19/2002	80% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				64% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

Accountability 1 Durham

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement/ Second Quarter	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	12/10/2001	03/27/2002	04/12/2002	04/15/2002	September 2001 data submission to the CDW now complete.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS). Note have improved from 87% drug of choice missing, 100% missing other fields to only 15% missing for these four fields.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing . Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Required Data Fields Exceeds 10% (EAP Code).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Diagnoses Exceeds 10% (Principal and Primary).

Accountability 1 Durham

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		50% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			05/15/2002	Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				53% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

Accountability 1 Edgecombe-Nash

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2- Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002			06/30/02	As of 7/01/02, wait list data is submitted quarterly.
01-02 Performance Agreement 2nd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002	04/12/2002	04/15/2002	November, December data from Qtr. 2 not submitted to the CDW by 01/15/02
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/22/2002	81.3 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 95.3%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002	06/21/2002	56% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				56% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

Accountability 1 Foothills

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Substance Abuse Data Exceeds 10% (Drug of Choice , Methadone).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Diagnoses Exceeds 10% (Principal).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		63.1 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 68.1%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay).
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		67.5 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01

Accountability 1 Foothills

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice , Methadone).
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Diagnoses Exceeds 10% (Principal).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		51% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				72% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
01-02 Performance Agreement 4th. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 4 (April, May, June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	8/15/2002				No data submission to the CDW for Quarter 4 (April, May, June) FY 2002.

**Accountability 1
Foothills**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay).
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).

Accountability 1 Guilford

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Required Data Fields Exceeds 10% (Ability To Pay).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to unknown values in mandatory data fields exceeds 15% unknown. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Unknown Mandatory Data Fields Exceeds 15% (Ethnicity).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		21.6 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 22.4%. COI Policy is under review by Division Staff.

Accountability 1 Guilford

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		22.2 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01. Active caseload was inaccurate. Their pct. has improved to 30% due to caseload reduction.
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			05/15/2002	Missing Required Data Fields Exceeds 10% (Ability To Pay).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		23% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				32% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay).

**Accountability 1
Johnston**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	April 15,2002	85.9 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 101.7%. COI Policy is under review by Division Staff.

Accountability 1
Lee-Harnett

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	84.8 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 91.8%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2			04/15/2002	42.7 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002	06/10/2002	70% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				84% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

**Accountability 1
Lee-Harnett**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).

**Accountability 1
Lenoir**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002	06/05/2002	86% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				79% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

Accountability 1 Mecklenburg

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: No data submitted to the Client Data Warehouse Quarter 2 for Facility Code 13101. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002	04/12/2002	04/15/2002	No data submission for facility code 13101for Quarter 2.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Required Data Fields Exceeds 10% (Ability To Pay, EAP Code).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the COI cannot be calculated because there has been no data submitted to the CDW for Quarter 1 and Quarter 2 of FY2002 for Facility Code 13101. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Percentage 110.2%

**Accountability 1
Mecklenburg**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2			04/15/2002	96.0 % of the expected number of the Consumer Satisfaction Surveys
01-02 Performance Agreement 3rd Quarter	Accountability3: 03/02 data not submitted to the Client Data Warehouse Quarter 3 for Facility Code 13101. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				No data submission for facility code 13101for Quarter 3 (March missing).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		1% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).

**Accountability 1
Mecklenburg**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				16% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
01-02 Performance Agreement 4th Quarter	Accountability3: No data submitted to the Client Data Warehouse Quarter 4 (May, June) for Facility Code 13101. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				No data submission for facility code 13101for Quarter 4 (May, June).
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).

Accountability 1 Neuse

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2- Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002			06/30/02	As of 7/01/02, wait list data is submitted quarterly.
01-02 Performance Agreement 2nd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002	04/12/2002	04/15/2002	December data from Qtr. 2 not submitted to the CDW by 01/15/02
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		80% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				84% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

Accountability 1

Neuse

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 4 (June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	8/15/2002				No data submission to the CDW for Quarter 4 (June) FY 2002.

Accountability 1 New River

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Required Data Fields Exceeds 10% (State of Residence, Ability To Pay, EAP Code, Veteran Status).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to unknown values in mandatory data fields exceeds 15% unknown. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Unknown Mandatory Data Fields Exceeds 15% (Ethnicity).
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		68.2 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Diagnoses Exceeds 10% (Principal).

**Accountability 1
New River**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay, EAP Code).
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).

Accountability 1 New River

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
4th Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing first, second, third and fourth quarter WF/SA Initiative Quarterly Reporting Forms for Alleghany, Ashe, Avery, Watauga, and Wilkes Counties within 30 days of receipt of this report	Substance Abuse Services	9/29/02				Area Program not-compliant.
04/20/2000	The following counties were non-compliant with Criterion 1 - Receipt of Report by State Office: Alleghany, Ashe, Watauga, and Wilkes. The require Corrective Action for Criterion 1 is to submit the missing Third Quarter 99-00 WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse Services	30 days from receipt of the End of FY 99-00 Report	N/A			Alleghany, Avery, Watauga, and Wilkes County's report was received. Ashe County's report has not been received. Area Program not compliant.
7/14/00	The following counties were non-compliant with Criteria 1-Receipt of Report by State Office: Alleghany, Ashe, and Watauga. The required Corrective Action for Criteria 1 is to submit the missing Fourth Quarter 99-00 WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse Services	30 days from receipt of the End of FY 99-00 Report	N/A			Alleghany, Ashe, and Watauga County's report have not been received. Area Program non-compliant.
07/20/2000	Required Corrective Action for Criteria 1 is to submit the missing Third and Fourth Quarter 00-01 WF/SA Initiative Quarterly Reporting Forms for Alleghany, Ashe, Avery, Watauga and Wilkes Counties within 30 days of receipt of this report.	Substance Abuse Services	09/29/2001				Reports for Third and Fourth Quarter have not been received. Area Program non-compliant

Accountability 1 Onslow

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2- Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002				
01-02 Performance Agreement 4th Quarter	Child & Family 1-Training and Technical Assistance Plans is to submit the training plan within 30 days of receipt of this report.	Child and Family Services	30 days from receipt of this report				
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		58.0 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 62.5%. COI Policy is under review by Division Staff.

Accountability 1 Onslow

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/22/2002	100.0 % of the expected number of the Consumer Satisfaction Surveys were received by 04/22/02
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		58% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				57% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

Accountability 1 Onslow

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 4 (June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	8/15/2002				No data submission to the CDW for Quarter 4 (June) FY 2002.
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Documentati on of compliance due 9/30/01	08/13/01		12/02/01	Technical Assistance visit to begin in January of 2002.

**Accountability 1
Orange-Person-Chatham**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: No data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002	04/12/2002	04/15/2002	No data submission to the CDW for Quarter 2 FY2002.
01-02 Performance Agreement 2nd Quarter	Accountability3: Other accountability measures for the CDW cannot be calculated because there has been no data submitted for Quarter 2 of FY2002. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002	04/12/2002	04/15/2002	No data submission to the CDW for Quarter 2 for FY2002
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the COI cannot be calculated because there has been no data submitted to the CDW Quarter 2 of FY2002. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002	04/12/2002	04/15/2002	No data submission for Quarter 2 for FY2002

Accountability 1
Orange-Person-Chatham

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay, Competency Status).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002	06/07/2002	58% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	05/18/2002				70% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay).

Accountability 1 Pathways

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement	Performance Agreement - Attachment 2- Accountability 3: Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002			06/30/02	As of 7/01/02, wait list data is submitted quarterly.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002	04/12/2002		44.0 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 46.0%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	78.2 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		75% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				78% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

Accountability 1 Pathways

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Demonstrate full compliance with Single Portal Statute and Rules	Developmental Disabilities	07/15/2001	06/30/02	06/03/02 Received rating of 99.3%	06/30/2002	
01-02 Performance Agreement 3rd Quarter	Maintain current, accurate computerized database reflecting content specified by DD Section	Developmental Disabilities	07/15/2001	06/30/02	06/03/02 Received rating of 99.3%	06/30/2002	

Accountability 1 Piedmont

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2- Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002			06/30/02	Note: Corrective action plan not required as Piedmont is in full compliance with waitlist requirement. See corrected Third Quarter submission for waitlist.
01-02 Performance Agreement 2nd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002	04/12/2002	04/15/2002	November, December data from Qtr. 2 not submitted to the CDW by 01/15/02.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the COI cannot be calculated because there has been no data submitted to the CDW for November, December of Quarter 2 of FY2002. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002	04/12/2002	04/15/2002	No data submission for Quarter 2 (November, December) for FY2002 to the CDW.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Diagnoses Exceeds 10% (Principal).

**Accountability 1
Piedmont**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		70% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				73% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
01-02 Performance Agreement 4th. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 4 (April, May, June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	8/15/2002				No data submission to the CDW for Quarter 4 (April, May, June) FY 2002.
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Diagnoses Exceeds 10% (Principal).

Accountability 1 Pitt

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		48.9 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 54.8%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002	07/10/2002	67% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			05/15/2002	Missing Diagnoses Exceeds 10% (Principal, Primary).

Accountability 1 Pitt

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Diagnoses Exceeds 10% (Principal).
4th Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing fourth quarter WF/SA Initiative Quarterly Reporting Forms for Pitt County within 30 days of receipt of this report	Substance Abuse Services	9/29/02				

Accountability 1 Randolph

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement/ 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 or Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	12/10/2001 for Qtr. 1 3/10/2002 for Qtr. 2	12/06/2001		04/15/2002	No data submission to the CDW for Quarter 1 FY 2002. No data submission to the CDW for Quarter 2 FY2002. Corrective Action Plan submitted for Quarter 1 not executed.
01-02 Performance Agreement 2nd Quarter	Accountability3: Other accountability measures for the CDW cannot be calculated because there has been no data submitted for Quarter 1 and Quarter 2 of FY2002. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	No data submission to the CDW for Quarter 1 and Quarter 2 for FY2002
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the COI cannot be calculated because there has been no data submitted to the CDW for Quarter 1 and Quarter 2 of FY2002. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	No data submission for Quarter 1 and Quarter 2 for FY2002
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		73% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

Accountability 1 Randolph

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: 01/02 data not submitted to the Client Data Warehouse Quarter 3 . Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			05/15/2002	No data submission for Quarter 3 (January missing).
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			05/15/2002	Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			05/15/2002	Missing Required Data Fields Exceeds 10% (EAP, Veteran Status).
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				76% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

Accountability 1 RiverStone

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 2 (Oct. 2001 missing). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Incomplete data submission to the CDW for Quarter 2 FY2002 (October 2001 data missing)
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/22/2002	100 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Other accountability measures for the CDW cannot be calculated because incomplete has been submitted for Quarter 3 (February, March) . Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Incomplete data submission to the CDW for Quarter 3 FY2002 (Feb and March 2002 missing)
01-02 Performance Agreement 3rd Quarter	Accountability3: Other accountability measures for the COI cannot be calculated because incomplete has been submitted for Quarter 3 (February, March) . Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Incomplete data submission to the CDW for Quarter 3 FY2002 (Feb and March 2002 missing)

Accountability 1 RiverStone

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 4 (June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	8/15/2002				No data submission to the CDW for Quarter 4 (June) FY 2002.
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay).
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Document- ation of compliance due 9/30/01	08/13/01	11/17/01 Verification Report submitted	12/31/01 Issues Resolved	

Accountability 1 Roanoke-Chowan

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	79.7 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage is now 97.0%

Accountability 1 Rockingham

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement (Items Monitored under Section III-C)	Performance Agreement-Attachment 1-Child and Family Services 5: Establish local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01	12/01/02		03/01/02	Completed assessment submitted to CFS by 3/01/02.
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2-Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002				
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		80.6 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage is now 86.2%
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		34% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				75% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

**Accountability 1
Rockingham**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Demonstrate full compliance with Single Portal Statute and Rules	Developmental Disabilities	07/15/2001	06/30/02	06/30/02	06/30/02 Received Rating of 99.3%	
01-02 Performance Agreement 3rd Quarter	Maintain current, accurate computerized database reflecting content specified by DD Section	Developmental Disabilities	07/15/2001	06/30/02	06/30/02	06/30/02 Received Rating of 99.3%	
4th. Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing third and fourth quarter WF/SA Initiative Quarterly Reporting Forms for Rockingham County within 30 days of receipt of this report	Substance Abuse Services	9/29/02				Area Program not compliant.

Accountability 1 Rutherford-Polk

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
99-00 Performance Agreement / 7/1/00	Performance requirement - Service Delivery 3: Submission of five good quality crisis plans on high-risk consumers for each crisis case manager position funded. At least one crisis plan must be for a consumer with co-occurring mental illness and substance abuse problems.	Advocacy, Client Rights, and Quality Improvement	01/15/01	04/20/2002	01/15/2001, 3/15/2001, 6/18/2001, 9/18/2001, 12/14/2001, 2/19/2002, 4/19/2002	04/19/2002	The Rutherford-Polk Area Program has complied with this requirement by submitting five good quality crisis plans.
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2- Accountability 3: Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002				
01-02 Performance Agreement 4th Quarter	Child & Family 1-Training and Technical Assistance Plans is to submit the training plan within 30 days of receipt of this report.	Child and Family Services	30 days from receipt of this report				
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to unknown values in mandatory data fields exceeds 15% unknown. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Unknown Mandatory Data Fields Exceeds 15% (Ethnicity).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Diagnoses Exceeds 10% (Principal and Primary).

**Accountability 1
Rutherford-Polk**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS).
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		62.9 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		54.5 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage now 58.5%
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		48% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

**Accountability 1
Rutherford-Polk**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				60% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).
01-02 Performance Agreement 3rd Quarter	Demonstrate full compliance with Single Portal Statute and Rules	Developmental Disabilities	07/15/2001	Received/Approved 06/30/02	Rating of 94.7%	06/30/2002	
01-02 Performance Agreement 3rd Quarter	Maintain current, accurate computerized database reflecting content specified by DD Section	Developmental Disabilities	07/15/2001	Received/Approved 06/30/02	Rating of 94.7%	06/30/2002	
4th Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing fourth quarter 01-02 WF/SA Initiative Quarterly Reporting Forms for Polk County, within 30 days of receipt of this report.	Substance Abuse Services	9/29/02				Area Program not compliant.
2nd Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing first and second quarter 01-02 WF/SA Initiative Quarterly Reporting Forms for Polk County, within 30 days of receipt of this report.	Substance Abuse Services	3/29/02				Area Program not compliant.

**Accountability 1
Rutherford-Polk**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
3rd Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing third quarter 01-02 reporting forms for Rutherford and Polk Counties within 30 days of receipt of this report	Substance Abuse Services	6/29/02				Area Program not compliant.
07/20/2001	The following county was non-compliant with Criteria 1 - Receipt of Report by State Office: Polk. The required Corrective Action for Criteria 1 is to submit the missing Fourth Quarter 00-01 WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse Services	30 days from receipt of this report				Polk County's report has not been received. Area program not compliant.

Accountability 1 Sandhills

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2- Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002			06/30/02	As of 7/01/02, wait list data is submitted quarterly.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Diagnoses Exceeds 10% (Principal).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	27.4 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage now 97.0%

Accountability 1 Sandhills

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			05/15/2002	Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002	06/19/2002	59% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				43% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

Accountability 1 Smoky Mountain

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2- Accountability 3: Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002			06/30/02	As of 7/01/02, wait list data is submitted quarterly.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Required Data Fields Exceeds 10% (Competency, EAP Code).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to unknown values in mandatory data fields exceeds 15% unknown. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002		04/15/2002	Unknown Mandatory Data Fields Exceeds 15% (Ethnicity).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Substance Abuse Data Exceeds 10% (Drug of Choice).

Accountability 1 Smoky Mountain

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		31.4 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		87.1 % of the expected number of initial COI's were submitted as of 12/10/2001
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			05/15/2002	Missing Diagnoses Exceeds 10% (Principal, Primary).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		77% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

Accountability 1 Smoky Mountain

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				74% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
01-02 Performance Agreement 4th. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 4 (June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	8/15/2002				No data submission to the CDW for Quarter 4 (June) FY 2002.

**Accountability 1
Southeastern Center**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002			04/15/2002	December data from Qtr. 2 not submitted to the CDW by 01/15/02
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		63.8 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage now 80.7%
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		77% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				85% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

**Accountability 1
Southeastern Regional**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	21.2 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01. 100% survey now completed.
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		72% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

Accountability 1
Southeastern Regional

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				34% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
01-02 Performance Agreement 4th. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 4 (May,June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	8/15/2002				No data submission to the CDW for Quarter 4 (May, June) FY 2002.
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).

Accountability 1 Tideland

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS).
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		75.9 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				27% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		29.2 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage now 32.6%

**Accountability 1
Tideland**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		27% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				15% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

Accountability 1 Trend

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	75.0 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage now 90.0%
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			05/15/2002	Missing Required Data Fields Exceeds 10% (Ability To Pay, Competency Status).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002	06/17/2002	84% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

Accountability 1
Vance-Warren-Granville-Franklin

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Required Data Fields Exceeds 10% (Ability To Pay, Competency, Education).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		15.7 % of the expected number of initial COI's were submitted as of 12/10/2001 Percentage now 17.0%

Accountability 1
Vance-Warren-Granville-Franklin
Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002	06/13/2002	46% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				77% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).

Accountability 1 Wake

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002	04/12/2002	04/15/2002	December data from Qtr. 2 not submitted to the CDW by 01/15/02
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	78.4 % of the expected number of initial COI's were submitted as of 12/10/2001 Percentage now 98.2%

Accountability 1 Wake

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		0.0 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01. 407 of 731 expected surveys were returned on 01/11/02
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			05/15/2002	Missing Diagnoses Exceeds 10% (Principal, Primary).
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			05/15/2002	Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			05/15/2002	Missing Required Data Fields Exceeds 10% (Court Order Type).

**Accountability 1
Wake**

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002	06/05/2002	42% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				28% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice).

Accountability 1 Wayne

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Required Data Fields Exceeds 10% (Ability To Pay, Court Order Type).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Substance Abuse Data Exceeds 10% (Methadone).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		58.6 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage now 59.8%

Accountability 1

Wayne

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		55.0 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 3 (Feb & Mar 02). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002 for Qtr. 3				Incomplete data submission to the CDW for Quarter 3 FY2002 (Feb and March 2002 missing)
01-02 Performance Agreement 3rd Quarter	Accountability3: Other accountability measures for the CDW cannot be calculated because incomplete has been submitted for Quarter 3 (February, March) . Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			05/15/2002	Incomplete data submission to the CDW for Quarter 3 FY2002 (Feb and March 2002 missing)
01-02 Performance Agreement 3rd Quarter	Accountability3: Other accountability measures for the COI cannot be calculated because incomplete has been submitted for Quarter 3 (February, March) . Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		Incomplete data submission to the CDW for Quarter 3 FY2002 (Feb and March 2002 missing)

Accountability 1

Wayne

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS Code).

Accountability 1 Wilson-Greene

Corrective Actions as of the End of the Fourth Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement/ 10/15/01	Accountability 3: Incomplete data submitted to the Client data Warehouse. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	12/10/2001	03/27/2002	04/12/2002	11/01/2002	September 2001 data submission to the CDW now complete.
01-02 Performance Agreement 2nd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002	04/12/2002	04/15/2002	December data from Qtr. 2 not submitted to the CDW by 01/15/02
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Substance Abuse Data Exceeds 10% (Methadone).
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			05/15/2002	Missing Required Data Fields Exceeds 10% (Court Order Type).

2001-2002 Performance Agreement
Fourth Quarter Report
April 1, 2002 - June 30, 2002

Accountability 2

Performance Requirement (COA)

Area Program/County	COA Accredited	Expiration Date*	2001 MOA** Report Filed	Remarks
Alamance-Caswell	Yes	07/31/2004	Yes	
Albemarle	Yes	01/31/2005	Yes	
Blue Ridge	Yes	05/31/2005	Yes	
Catawba	Yes	09/30/2005	Yes	
CenterPoint	Yes	04/30/2005	Yes	
Crossroads	Yes	05/31/2005	NA	
Cumberland	Yes	07/31/2003	Yes	
Davidson	Yes	07/31/2005	Yes	
Duplin-Sampson	Yes	02/29/2004	Yes	
Durham	Yes	07/31/2005	NA	
Edgecombe-Nash	Yes	11/30/2005	NA	
Foothills	Yes	06/30/2006	NA	
Guilford	Yes	07/31/2004	Yes	
Johnston	Yes	07/31/2003	Yes	
Lee-Harnett	Yes	10/31/2004	Yes	
Lenoir	Yes	01/31/2005	Yes	
Mecklenburg	NA		NA	Exempted from COA review
Neuse	Yes	11/30/2004	Yes	
New River	Yes	06/30/2005	Yes	
Onslow	Yes	02/28/2005	Yes	
Orange-Person-Chatham	Yes	12/31/2004	Yes	
Pathways	Yes	06/30/2005	NA	
Piedmont	Yes	07/31/2005	Yes	
Pitt	Yes	07/31/2006	NA	
Randolph	Yes	06/30/2004	Yes	
RiverStone	Yes	11/30/2005	NA	
Roanoke-Chowan	Yes	02/28/2005	Yes	
Rockingham	Yes	04/30/2005	NA	
Rutherford-Polk	Yes	10/31/2004	Yes	
Sandhills	Yes	01/31/2005	Yes	
Smoky Mountain	Yes	11/30/2003	Yes	
Southeastern Center	Yes	02/28/2005	Yes	
Southeastern Regional	Yes	06/30/2005	NA	
Tideland	Yes	05/31/2005	NA	
Trend	Yes	08/31/2005	NA	
Vance-Granville-Franklin-Warren	Yes	12/31/2005	NA	
Wake	Yes	07/31/2005	NA	
Wayne	Yes	01/31/2005	Yes	
Wilson-Greene	Yes	12/31/2004	Yes	

* Change in COA accreditation cycle from 3 to 4 years approved by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services September 17, 2001

** Maintenance of Accreditation; 2002 MOA reports due February 2003

Accountability2-COA accreditation,Q4

2001-2002 Performance Agreement
Fourth Quarter Report
April 1, 2002 - June 30, 2002

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW)

Explanation: The following table shows admission data submitted by Area Programs to the CDW as of July 23, 2002

Area Program/County	Facility Code	APR	MAY	JUNE	Fourth Quarter Adm 02	Fourth Quarter Adm 01	Monthly Average 02	Monthly Average 01
Alamance-Caswell	23051	188	138	0	326	487	109	162
Albemarle	43121	181	181	142	504	546	168	182
Blue Ridge	13021	305	310	260	875	841	292	280
Catawba	13091	255	207	176	638	550	213	183
CenterPoint	23021	389	321	340	1,050	1003	350	334
Crossroads	23011	265	251	217	733	324	244	108
	23012	24	21	15	60	127	20	42
	23013	15	13	11	39	192	13	64
	23014	35	33	31	99	257	33	86
Cumberland	33051	325	325	277	927	882	309	294
Davidson	33021	187	185	133	505	544	168	181
Duplin-Sampson	43131	151	79	66	296	472	99	157
Durham	23071	92	89	49	230	361	77	120
Edgecombe-Nash	43051	230	211	179	620	571	207	190
Foothills	13051	3	0	0	3	428	1	143
Guilford	23041	511	456	303	1,270	1346	423	449
Johnston	33071	118	142	108	368	319	123	106
Lee-Harnett	33061	128	124	92	344	379	115	126
Lenior	43081	63	65	43	171	132	57	44
Mecklenburg								
Carolina Medic	13101	253	2	0	255	672	85	224
Child Dev. Disabilities	13102	282	254	266	802	226	267	75
Neuse	43071	130	94	0	224	369	75	123
New River	13030	139	129	85	353	498	118	166
Onslow	43021	51	24	0	75	454	25	151
Orange-Person-Chatham	23061	137	107	30	274	399	91	133
Pathways	13081	506	463	312	1,281	1031	427	344
Piedmont	13121	19	0	0	19	187	6	62
Pitt	43091	187	173	147	507	459	169	153
Randolph	33101	173	175	134	482	404	161	135
RiverStone	43061	86	95	0	181	203	60	68
Roanoke-Chowan	43101	137	94	63	294	305	98	102
Rockingham	23031	195	113	197	505	402	168	134
Rutherford-Polk	13061	77	85	159	321	276	107	92
Sandhills	33031	271	237	115	623	660	208	220
SE Center	43011	259	248	165	672	773	224	258
SE Regional	33041	83	0	0	83	598	28	199
Smoky Mountain	13010	284	260	0	544	554	181	185
Tideland	43111	151	128	15	294	448	98	149
Trend	13041	103	98	19	220	318	73	106
V-G-F-W	23081	125	128	56	309	505	103	168
Wake	33081	258	198	103	559	854	186	285
Wayne	43031	124	112	97	333	394	111	131
Wilson-Greene	43041	100	85	35	220	275	73	92
TOTAL ADMISSIONS		7,595	6,453	4,440	18,488	21,025	6,163	7,008

2001-2002 Performance Agreement
Fourth Quarter Report
April 1, 2002 - June 30, 2002

Accountability 3

Performance Requirement

specified: Client Data Warehouse (CDW) - Missing Principal or Primary Diagnosis - Not To Exceed 10%

Explanation: The following table depicts the percentage of clients admitted during quarter 3 with a missing principal or primary diagnosis.

Percentage of Missing Diagnoses Quarter 3 (Jan - Mar 2002)

Area Program/County	AREA CODE	PRINCIPAL DIAGNOSIS	PRIMARY DIAGNOSIS
Alamance-Caswell	205	29%	29%
Albemarle	412	0%	0%
Blue Ridge	102	0%	0%
Catawba	109	0%	0%
CenterPoint	202	2%	3%
Crossroads	201	6%	6%
Cumberland	305	0%	0%
Davidson	302	0%	0%
Duplin-Sampson	413	1%	1%
Durham	207	7%	7%
Edgecombe-Nash	405	1%	1%
Foothills	105	10%	7%
Guilford	204	8%	8%
Johnston	307	0%	0%
Lee-Harnett	306	14%	12%
Lenior	408	0%	0%
Mecklenburg	110	12%	12%
Neuse	407	0%	0%
New River	103	19%	32%
Onslow	402	24%	27%
Orange-Person-Chatham	206	2%	1%
Pathways	108	1%	1%
Piedmont	112	12%	3%
Pitt	409	12%	8%
Randolph	310	1%	1%
RiverStone	406	1%	1%
Roanoke-Chowan	410	0%	0%
Rockingham	203	0%	0%
Rutherford-Polk	106	33%	28%
Sandhills	303	5%	4%
SE Center	401	2%	2%
SE Regional	304	14%	16%
Smoky Mountain	101	5%	6%
Tideland	411	3%	2%
Trend	104	5%	5%
V-G-F-W	208	3%	3%
Wake	308	5%	3%
Wayne	403	9%	8%
Wilson-Greene	404	2%	1%

Accountability3-CDW- MissingDiagnosis, Q4

2001-2002 Performance Agreement
Fourth Quarter Report
April 1, 2002 - June 30, 2002

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse(CDW) - Missing Required Fields - Not to exceed 10%

Explanation: The following table depicts the percentage of clients admitted during Quarter 3 Jan - Mar 2002 with missing required fields. Please note: Area Programs that are shaded did not submit data to the CDW in Quarter 3.

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETENCY STATUS	COURT ORDER TYPE	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
Alamance-Caswell	205	0%	0%	0%	0%	0%	0%	0%	0%
Albemarle	412	0%	0%	0%	0%	0%	0%	0%	0%
Blue Ridge	102	0%	0%	0%	0%	0%	0%	0%	0%
Catawba	109	0%	0%	0%	0%	0%	0%	0%	0%
CenterPoint	202	0%	0%	0%	0%	0%	0%	0%	3%
Crossroads	201	0%	0%	0%	0%	0%	0%	0%	0%
Cumberland	305	0%	0%	0%	0%	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%	0%	0%	0%	0%
Duplin-Sampson	413	0%	0%	0%	0%	0%	0%	0%	0%
Durham	207	0%	5%	0%	1%	0%	0%	0%	1%
Edgecombe-Nash	405	0%	0%	0%	0%	0%	0%	0%	0%
Foothills	105	0%	43%	0%	0%	2%	0%	0%	0%
Guilford	204	0%	12%	0%	0%	0%	0%	0%	0%
Johnston	307	0%	0%	0%	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%	0%	0%	0%	0%
Lenior	408	0%	0%	0%	0%	0%	0%	0%	0%
Mecklenburg	110	0%	2%	2%	0%	0%	0%	0%	0%
Neuse	407	0%	0%	0%	0%	0%	0%	0%	0%
New River	103	2%	48%	0%	0%	22%	1%	0%	9%
Onslow	402	0%	0%	0%	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	11%	10%	0%	0%	0%	0%	1%
Pathways	108	0%	0%	0%	0%	0%	0%	0%	0%
Piedmont	112	0%	0%	0%	0%	0%	0%	0%	0%
Pitt	409	0%	0%	0%	0%	0%	0%	0%	0%
Randolph	310	0%	0%	0%	0%	0%	0%	0%	0%

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETENCY STATUS	COURT ORDER TYPE	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
RiverStone	406	1%	50%	0%	0%	0%	0%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%	0%	0%	0%
Rutherford-Polk	106	0%	0%	0%	0%	0%	0%	0%	0%
Sandhills	303	0%	2%	0%	0%	0%	0%	0%	0%
SE Center	401	0%	0%	0%	0%	0%	0%	0%	0%
SE Regional	304	0%	0%	0%	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	0%	0%	0%	0%	0%	0%	0%
Tideland	411	0%	0%	0%	0%	0%	0%	0%	0%
Trend	104	0%	3%	3%	0%	0%	1%	0%	0%
V-G-F-W	208	0%	7%	2%	0%	0%	0%	0%	0%
Wake	308	0%	0%	1%	2%	0%	0%	0%	0%
Wayne	403	0%	9%	0%	2%	0%	0%	0%	0%
Wilson-Greene	404	0%	0%	0%	0%	0%	0%	0%	0%

Accountability3-CDW-MissingRequiredFields, Q4

2001-2002 Performance Agreement
Fourth Quarter Report
April 1, 2002 - June 30, 2002

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW) - Missing Substance Abuse Data - Not To Exceed 10%

Explanation: The following table depicts the percentage of clients admitted during quarter 3 with a principal or primary

Area Program/County	AREA CODE	DRUG OF CHOICE	SERVICE TYPE	METHADONE	UFDS
Alamance-Caswell	205	1%	6%	6%	6%
Albemarle	412	1%	0%	0%	0%
Blue Ridge	102	0%	0%	0%	0%
Catawba	109	0%	0%	0%	0%
CenterPoint	202	0%	0%	0%	0%
Crossroads	201	43%	43%	43%	43%
Cumberland	305	0%	1%	1%	1%
Davidson	302	0%	0%	0%	0%
Duplin-Sampson	413	5%	4%	4%	4%
Durham	207	10%	5%	5%	5%
Edgecombe-Nash	405	2%	3%	3%	3%
Foothills	105	15%	27%	49%	27%
Guilford	204	2%	4%	4%	4%
Johnston	307	2%	2%	2%	2%
Lee-Harnett	306	11%	8%	8%	8%
Lenior	408	0%	0%	0%	0%
	110	9%	30%	30%	31%
Neuse	407	0%	0%	0%	0%
New River	103	6%	6%	6%	6%
Onslow	402	39%	58%	58%	58%
Orange-Person-Chatham	206	1%	5%	5%	5%
Pathways	108	2%	2%	2%	2%
Piedmont	112	3%	5%	5%	5%
Pitt	409	6%	8%	8%	8%
Randolph	310	2%	1%	1%	1%
RiverStone	406	12%	47%	47%	47%
Roanoke-Chowan	410	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%
Rutherford-Polk	106	3%	3%	3%	3%
Sandhills	303	1%	5%	5%	5%
SE Center	401	3%	0%	0%	0%
SE Regional	304	5%	4%	4%	4%
Smoky Mountain	101	4%	1%	1%	1%
Tideland	411	1%	1%	1%	1%
Trend	104	0%	2%	2%	2%
V-G-F-W	208	25%	89%	89%	89%
Wake	308	16%	2%	2%	2%
Wayne	403	7%	75%	75%	75%
Wilson-Greene	404	4%	6%	6%	6%

Accountability3-CDW-MissingSADData, Q4

2001-2002 Performance Agreement
Fourth Quarter Report
April 1, 2002 - June 30, 2002

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW) - Unknown Values in Mandatory Fields - Not To Exceed 15%

Explanation: The following table depicts the percentage of clients admitted during quarter 3 with unknown values in mandatory data fields

Percentage Unknown Quarter 3 (Jan-Mar 2002)

Area Program/County	AREA CODE	COUNTY	RACE	ETHNICITY	GENDER	MARITAL STATUS
Alamance-Caswell	205	0%	0%	1%	0%	0%
Albemarle	412	0%	0%	0%	0%	0%
Blue Ridge	102	0%	0%	0%	0%	0%
Catawba	109	0%	0%	1%	0%	0%
CenterPoint	202	0%	0%	0%	0%	1%
Crossroads	201	1%	1%	0%	0%	1%
Cumberland	305	0%	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%	0%
Duplin-Sampson	413	0%	0%	0%	0%	0%
Durham	207	0%	7%	6%	0%	2%
Edgecombe-Nash	405	0%	0%	0%	0%	0%
Foothills	105	0%	1%	15%	0%	1%
Guilford	204	0%	0%	13%	0%	1%
Johnston	307	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	1%	1%	0%	4%
Lenior	408	0%	0%	0%	0%	0%
Mecklenburg	110	0%	1%	3%	0%	1%
Neuse	407	0%	0%	0%	0%	0%
New River	103	0%	1%	5%	0%	1%
Onslow	402	0%	0%	3%	0%	1%
Orange-Person-Chatham	206	0%	0%	0%	0%	0%
Pathways	108	0%	0%	0%	0%	0%
Piedmont	112	0%	1%	0%	0%	0%
Pitt	409	1%	1%	0%	0%	6%
Randolph	310	0%	0%	0%	0%	0%
RiverStone	406	0%	0%	0%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%
Rutherford-Polk	106	0%	3%	0%	0%	0%
Sandhills	303	0%	1%	0%	0%	0%
SE Center	401	0%	0%	6%	0%	1%
SE Regional	304	0%	0%	1%	0%	0%
Smoky Mountain	101	0%	1%	0%	0%	1%
Tideland	411	0%	0%	0%	0%	0%
Trend	104	0%	0%	1%	0%	0%
V-G-F-W	208	0%	1%	2%	0%	0%
Wake	308	0%	1%	1%	0%	0%
Wayne	403	0%	1%	2%	0%	1%
Wilson-Greene	404	0%	0%	0%	0%	0%

2001-2002 Performance Agreement
Fourth Quarter Report
April 1, 2002 - June 30, 2002

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified:

Client Outcomes Instruments (COI)

Explanation: At this time, there is only one accountability measure for client outcomes: (1) a comparison of the number of admissions where the client record number ends in a 3 or a 6 with the admissions in the CDW where the client record number ends in a 3 or a 6.

The following table is a report of initial COIs from 1/1/2002 through 3/31/2002.

Area Program/County	Admission Records Ending in 3 or 6 in CDW	Admission COIs Submitted (3/6 Sampling Criterion)	NC TOPPS Admission Forms Ending in 3/6	Required Admission COIs As Percentage of CDW Admissions	% of Admission COIs and Admission NC TOPPS As Percentage of CDW
Alamance-Caswell	99	46	1	46%	47%
Albemarle	99	68	0	69%	69%
Blue Ridge	175	104	23	59%	73%
Catawba	91	91	1	100%	100%
CenterPoint	215	104	36	48%	65%
Crossroads	189	83	0	44%	44%
Cumberland	181	177	4	98%	98%
Davidson	79	38	3	48%	49%
Duplin Sampson	80	51	0	64%	64%
Durham	66	31	4	47%	53%
Edgecombe-Nash	138	89	0	64%	64%
Foothills	53	38	0	72%	72%
Pathways	277	217	0	78%	78%
Guilford	241	78	1	32%	32%
Johnston	74	73	0	99%	99%
Lee-Harnett	57	48	0	84%	84%
Lenior	38	30	0	79%	79%
Mecklenburg	100	16	0	16%	16%
Neuse	61	51	0	84%	84%
New River	90	81	0	90%	90%
O-P-C	56	39	0	70%	70%
Onslow	47	27	0	57%	57%
Piedmont	106	59	19	56%	73%
Pitt	91	79	0	87%	87%
Randolph	80	61	0	76%	76%
River Stone	44	41	0	93%	93%
Roanoke Chowan	47	47	1	100%	100%
Rockingham	60	44	1	73%	75%
Rutherford-Polk	48	29	0	60%	60%
Sandhills	142	41	20	29%	43%
Smoky Mountain	171	126	0	74%	74%
Southeastern	135	98	19	73%	85%
Southeastern Reg	95	32	0	34%	34%
Tideland	84	13	0	15%	15%
Trend	54	48	0	89%	89%
V-G-F-W	77	59	0	77%	77%
Wake	147	35	6	24%	28%
Wayne	67	45	0	67%	67%
Wilson-Greene	59	54	0	92%	92%
Statewide Total	4013	2491	139	62%	66%

Accountability3-COI, Q4

2001-2002 Performance Agreement

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April 1, 2002 - June 30, 2002

Accountability 3

Performance Requirement: Submit timely and complete client data reports on time for all clients as specified: Comprehensive Treatment Services Program's Assessment and Outcome Instrument (AOI)

Area Program/County	Percent AOIs completed on time
Alamance-Caswell	100%
Albermarle	80%
Blue Ridge	80%
Catawba	100%
Centerpoint	20%
Crossroads	60%
Cumberland	100%
Davidson	90%
Duplin-Sampson-Lenoir	100%
Durham	30%
Edgecombe-Nash	70%
Foothills	100%
Guilford	71%
Johnston	N/A
Lee-Harnett	100%
Mecklenburg	0%
Neuse	70%
New River	90%
Onslow	50%
OPC	100%
Pathways	80%
Piedmont	60%
Pitt	100%
Randolph	90%
Riverstone	60%
Roanoke Chowan	100%
Rockingham	100%
Rutherford Polk	20%
Sandhills	100%
Smoky	60%
Southeastern	70%
Southeastern Regional	100%
Tideland	100%
Trend	40%
VGFW	10%
Wake	60%
Wayne	40%
Wilson Greene	100%

Accountability3-CTSP AOI, Q4

2001-2002 Performance Agreement
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April 1, 2002 - June 30, 2002

Accountability 3

Performance Requirement: Submit timely and complete data reports for all persons as specified: **MR/MI Person Centered Plans**

Explanation: Person Centered Plans are due during the birth month of the individual. Plans will be accepted if submitted by the fifth of the month following the birth month. Plans must be completion of improvements.

Area Program/County	PCP Due Current Qtr	PCP Due Previous Qtrs	PCP Due YTD	PCP Complete Current Qtr	PCP Complete Previous Qtrs	PCP Complete YTD	PCP Received On Time Current Qtr	PCP Rec'd On Time Previous Qtrs	PCP Received On Time YTD	PCP Total % Complete Current Qtr	PCP Total % Complete YTD	PCP Total % Rec'd On Time Current Qtr	PCP Total % Rec'd On Time YTD	Total PCP Submitted YTD
Alamance-Caswell	9	29	38	8	30	38	9	29	38	89%	100%	100%	100%	38 of 38
Albemarle	5	17	22	5	17	22	5	17	22	100%	100%	100%	100%	22 of 22
Blue Ridge	3	21	24	3	19	22	3	21	24	100%	92%	100%	100%	24 of 24
Catawba	3	12	15	3	11	14	3	12	15	100%	93%	100%	100%	15 of 15
CenterPoint	10	16	26	10	16	26	10	16	26	100%	100%	100%	100%	26 of 26
Crossroads	2	17	19	2	17	19	2	15	17	100%	100%	100%	89%	19 of 19
Cumberland	3	16	19	1	14	15	2	14	16	33%	79%	67%	84%	19 of 19
Davidson	4	18	22	3	15	18	4	16	20	75%	82%	100%	91%	22 of 22
Duplin-Sampson	6	13	19	6	13	19	6	13	19	100%	100%	100%	100%	19 of 19
Durham	7	21	28	7	21	28	7	21	28	100%	100%	100%	100%	28 of 28
Edgecombe-Nash	12	24	36	12	24	36	12	24	36	100%	100%	100%	100%	36 of 36
Foothills	11	35	46	11	35	46	11	35	46	100%	100%	100%	100%	46 of 46
Guilford	15	40	55	15	39	54	15	30	45	100%	98%	100%	82%	55 of 55
Johnston	2	7	9	2	7	9	2	7	9	100%	100%	100%	100%	9 of 9
Lee-Harnett	2	16	18	2	15	17	2	15	17	100%	94%	100%	94%	18 of 18
Lenoir	3	7	10	3	6	9	3	6	9	100%	90%	100%	90%	10 of 10
Mecklenburg	11	41	52	11	41	52	11	41	52	100%	100%	100%	100%	52 of 52
Neuse	7	22	29	6	22	28	6	22	28	86%	97%	86%	97%	29 of 29
New River	7	20	27	7	20	27	7	20	27	100%	100%	100%	100%	27 of 27
Onslow	3	14	17	2	13	15	2	13	15	67%	88%	67%	88%	17 of 17
O-P-C	9	35	44	9	30	39	8	30	38	100%	89%	89%	86%	44 of 44
Pathways	20	41	61	17	37	54	19	40	59	85%	89%	95%	97%	61 of 61
Piedmont	12	36	48	12	36	48	12	36	48	100%	100%	100%	100%	48 of 48
Pitt	3	22	25	3	19	22	3	19	22	100%	88%	100%	88%	25 of 25
Randolph	5	17	22	5	17	22	5	17	22	100%	100%	100%	100%	22 of 22
RiverStone	4	18	22	4	17	21	4	17	21	100%	95%	100%	95%	22 of 22
Roanoke-Chowan	4	13	17	2	13	15	2	13	15	50%	88%	50%	88%	17 of 17
Rockingham	7	16	23	7	16	23	7	15	22	100%	100%	100%	96%	23 of 23
Rutherford-Polk	3	11	14	3	10	13	3	10	13	100%	93%	100%	93%	14 of 14
Sandhills	15	22	37	15	22	37	15	22	37	100%	100%	100%	100%	37 of 37
SE Center	12	32	44	12	29	41	12	29	41	100%	93%	100%	93%	44 of 44
SE Regional	9	40	49	9	40	49	9	40	49	100%	100%	100%	100%	49 of 49
Smoky Mountain	12	20	32	12	20	32	12	20	32	100%	100%	100%	100%	32 of 32
Tideland	4	13	17	4	13	17	2	13	15	100%	100%	50%	88%	17 of 17
Trend	3	16	19	3	11	14	3	14	17	100%	74%	100%	89%	19 of 19
Tri-Alliance	14	16	30	14	15	29	14	12	26	100%	97%	100%	87%	30 of 30
V-G-F-W	19	28	47	19	27	46	19	26	45	100%	98%	100%	96%	46 of 47
Wake	14	45	59	13	45	58	13	45	58	93%	98%	93%	98%	58 of 59
Wayne	1	15	16	1	14	15	1	14	15	100%	94%	100%	94%	15 of 15
Wilson-Greene	7	27	34	7	26	33	7	27	34	100%	97%	100%	100%	34 of 34

2001-2002 Performance Agreement
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Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified:
North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS).

	Area Program (or Contract Agency)	Update Forms Expected	Criterion 1: Receipt				Criterion 2: Timeliness				Criterion 3: Completeness			
			Update Forms Received		Was 85% Benchmark Achieved?		Timely Update Forms (of # Received)		Was 85% Benchmark Achieved?		Complete- ness of Update Forms (of # Received)		Was 85% Benchmark Achieved?	
		#	#	%	Yes	No	#	%	Yes	No	#	%	Yes	No
1	Alamance-Caswell	72	13	18		No	10	77		No	9	69		No
2	Albemarle	1	1	100	Yes		1	100	Yes		0	0		No
3	Blue Ridge	204	170	83		No	138	81		No	167	98	Yes	
4	Catawba	20	19	95	Yes		15	79		No	12	63		No
5	CenterPoint	334	190	57		No	126	66		No	175	92	Yes	
6	Crossroads	-	-	-	-	-	-	-	-	-	-	-	-	-
7	Cumberland	17	12	71		No	10	83		No	11	92	Yes	
8	Davidson	17	12	71		No	9	75		No	11	92	Yes	
9	Duplin-Sampson	-	-	-	-	-	-	-	-	-	-	-	-	-
10	Durham	26	25	96	Yes		24	96	Yes		25	100	Yes	
11	Edgecombe-Nash	7	1	14		No	1	100	Yes		1	100	Yes	
12	Foothills	2	0	0		No	0	0		No	0	0		No
13	Guilford	10	1	10		No	1	100	Yes		0	0		No
14	Johnston	2	0	0		No	0	0		No	0	0		No
15	Lee-Harnett	-	-	-	-	-	-	-	-	-	-	-	-	-
16	Lenoir	-	-	-	-	-	-	-	-	-	-	-	-	-
17	Mecklenburg	137	100	73		No	82	82		No	71	71		No
18	Neuse	7	7	100	Yes		5	71		No	7	100	Yes	
19	New River	-	-	-	-	-	-	-	-	-	-	-	-	-
20	Onslow	-	-	-	-	-	-	-	-	-	-	-	-	-
21	Orange-Per.-Chat.	21	20	95	Yes		15	75		No	17	85	Yes	
22	Pathways	3	0	0		No	0	0		No	0	0		No
23	Piedmont	267	232	87	Yes		193	83		No	228	98	Yes	
24	Pitt	4	1	25		No	0	0		No	1	100	Yes	
25	Randolph	6	5	83		No	4	80		No	5	100	Yes	
26	RiverStone	-	-	-	-	-	-	-	-	-	-	-	-	-
27	Roanoke-Chowan	7	5	71		No	4	80		No	5	100	Yes	
28	Rockingham	3	2	67		No	2	100	Yes		1	50		No
29	Rutherford-Polk	-	-	-	-	-	-	-	-	-	-	-	-	-
30	Sandhills	144	87	60		No	59	68		No	76	87	Yes	
31	Smoky Mountain	2	0	0		No	0	0		No	0	0		No
32a	Southeastern Area	119	66	55		No	59	89	Yes		54	82		No
32b	Coastal Horizons	74	74	100	Yes		70	95	Yes		74	100	Yes	
33	Southeastern Reg.	19	7	37		No	6	86	Yes		5	71		No
34	Tideland	8	3	38		No	2	67		No	3	100	Yes	
35	Trend	6	6	100	Yes		4	67		No	6	100	Yes	
36	V-G-F-W	1	0	0		No	0	0		No	0	0		No
37	Wake	49	26	53		No	24	92	Yes		24	92	Yes	
38	Wayne	4	2	50		No	1	50		No	0	0		No
39	Wilson-Greene	-	-	-	-	-	-	-	-	-	-	-	-	-
	Compliance Level: #Meeting Criterion		-	-	8 Yes	23 No	-	-	9 Yes	22 No	-	-	17 Yes	14 No

Study Sample: Update Assessments from 31 programs were matched to Nov. 2001, Dec. 2001, Jan. 2002, and Feb. 2002 Initial Assessments.
Nine area programs submitted no NC-TOPPS Initial Assessments for these months, and therefore are not included in the Sample Study.

Accountability3- NC-TOPPS, Q4

Overview of NC-TOPPS: The Substance Abuse Services Section requires the participation of all area programs and substance abuse contract agencies in the North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS). The completion of NC-TOPPS Initial Assessment and Update Assessment forms is required for all substance abuse clients in each of the following specialty programs and populations: 1) Opioid Treatment Programs, 2) Perinatal/Maternal Substance Abuse Programs, 3) MAJORS Substance Abuse/Juvenile Justice Programs, 4) TANF/Work First clients in substance abuse treatment, and 5) CASAWORKS Residential Programs. Through the use of these standardized assessments, NC-TOPPS measures the progress of substance abuse clients and programs in achieving well-defined outcomes across a variety of domains and dimensions. For the SFY 01-02 Performance Agreement requirement the Substance Abuse Services Section has continued the following performance measures: 1) Receipt of the Update Assessment, 2) Timeliness of Administration of the Update Assessment, and 3) Completeness of Entries on the Update Assessment.

Study Sample Population: The Study Sample Population is made up of all clients who were administered a NC-TOPPS Initial Assessment on any day in the month of November 2001, December 2001, January 2002, or February 2002. Furthermore, to be included in the Study Sample Population, the client's Initial Assessment is required to be submitted to The Center for Urban Affairs and Community Services (CUACS) by the last day of the month after the Initial Assessment is administered to the client. For example, if the Initial Assessment is completed in November 2001, it must be submitted to CUACS by December 31, 2001. The July 1, 2001 Revision of the Update Assessment form is the only form accepted for data collection. *This Sample Study does not evaluate an area program's compliance with the requirement that Initial Assessments be completed on all clients in designated specialty programs/populations.*

Criterion 1: Receipt of Expected Update Assessment Forms

- **Update Assessment forms will be received for all clients from the Study Sample Population.**

To be counted as received, the client's Update Assessment is required to be submitted to The Center for Urban Affairs and Community Services (CUACS) at NCSU by June 30, 2002.

A compliance benchmark of 85% has been established to measure the program's performance against this criterion, and is indicated by a 'Yes' or a 'No'.

Criterion 2: Timeliness of Administration of Update Assessment Forms

- **Update Assessment forms will be completed for all Initial Assessment clients from the Study Sample Population.**

3-Month Update Assessment forms will be administered to clients no earlier than 76 days and no later than 104 days following the Initial Assessment and must be submitted to CUACS by the last day of the month after the Update is due. For example, if the Update is due in February 2002, it must be submitted to CUACS by March 31, 2002. Update Assessments designated as 'Discharge' or 'Transfer' will be considered timely even if completed earlier than 76 days following the Initial Assessment.

The timeframe in which an Update Assessment form is expected to be administered is based on the "Today's Date" field on the Initial Assessment form. The timeliness of the Update Assessment forms are handled by the definitions specified below.

Initial Assessment Date = "Today's Date" from Initial Assessment form
3 Month Update Assessment Date = "Today's Date" from Update Assessment form

Timeframe for 3-Month Update Assessments Expected to be administered for clients:

3 Month = Count of [(Initial Assessment Date) + (90 days)]

Timeframe for 3-Month Update Assessments to be administered as Timely for continuing treatment clients:

3 Month = Count of [(76 days ≤ ((Update Date) – (Initial Date)) ≤ 104)]

Timeframe for Update Assessments to be administered Timely for 'Discharge' or 'Transfer' clients:

= Count of [(Update Date - Initial Date) ≤ 104]

A compliance benchmark of 85% has been established to measure the program's performance against this criterion, and is indicated by a 'Yes' or a 'No'.

Criterion 3: Completeness of Entries on Update Assessment Forms

- **Designated items on the Update Assessment forms will be fully completed.**

The completeness of forms received from each Area Program or contract agency is determined by the percentage of Update Assessment forms received that include a minimum number of designated items completed. For example, if an area program has returned 7 forms, and 6 of these forms include at least 25 of the 27 designated items complete, the area program percentage would be 85.7%, or 6 divided by 7.

For clients present for an in-person interview, a total of 27 designated data items on the Update Assessment are evaluated for completeness. For the Performance Agreement criterion to be achieved, at least 25 of the 27 designated items must be fully completed.

For clients who are not present for an in-person interview, a total of 15 designated data items on the Update Assessment are evaluated for completeness. For the Performance Agreement criterion to be achieved, at least 14 of the 15 designated items must be fully completed.

A compliance benchmark of 85% has been established to measure the program's performance against this criterion, and is indicated by a 'Yes' or a 'No'.

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Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: The Local Community Collaborative will submit Comprehensive Treatment Services Program waiting list data on a quarterly basis.

Area Program/County	Waiting List Data Submitted
Alamance-Caswell	Yes
Albemarle	Yes
Blue Ridge	Yes
Catawba	Yes
CenterPoint	Yes
Crossroads	Yes
Cumberland	Yes
Davidson	Yes
Duplin-Sampson	Yes
Durham	Yes
Edgecombe-Nash	Yes
Foothills	Yes
Guilford	Yes
Johnston	Yes
Lee-Harnett	Yes
Mecklenburg	Yes
Neuse	Yes
New River	Yes
Onslow	No
Orange-Person-Chatham	Yes
Pathways	Yes
Piedmont	Yes
Pitt	Yes
Randolph	Yes
RiverStone	Yes
Roanoke-Chowan	Yes
Rockingham	Yes
Rutherford-Polk	Yes
Sandhills	Yes
Smoky Mountain	Yes
Southeastern Center	Yes
Southeast Regional	Yes
Tideland	Yes
Trend	Yes
Vance-Granville-Franklin-Warren	Yes
Wake	Yes
Wayne	Yes
Wilson-Greene	Yes

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Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Complete the NC SNAP

Area Program/County	Total # On Wait List as of 7/01/02	# On Wait List as of 7/1/02 w/o NC SNAP	Total # On Wait List/ In Service 7/1/02	# In-Serv. as of 7/1/02 w/o NC SNAP	Timeliness	Completeness
Alamance-Caswell	111	0	59	0	2	100%
Albemarle	57	0	28	0	2	100%
Blue Ridge	192	1	168	1	1	99%
Catawba	110	3	71	0	1	97%
CenterPoint	422	57	162	22	1	86%
Crossroads	312	99	215	46	1	68%
Cumberland	217	4	90	1	1	98%
Davidson	63	2	24	0	1	97%
Duplin-Sampson	35	3	25	0	1	91%
Durham	206	7	87	3	1	97%
Edgecombe-Nash	86	4	36	4	1	95%
Foothills	208	26	66	9	1	88%
Guilford	300	72	132	30	1	76%
Johnston	21	2	3	1	1	90%
Lee-Harnett	52	1	14	0	1	98%
Lenoir	33	8	17	1	1	76%
Mecklenburg	335	54	54	6	1	84%
Neuse	77	3	61	1	1	96%
New River	63	2	49	1	1	97%
Onslow	105	55	28	7	1	48%
O-P-C	240	26	141	19	1	89%
Pathways	192	8	103	4	1	96%
Piedmont	423	6	204	2	1	99%
Pitt	98	3	33	1	1	97%
Randolph	25	0	5	0	2	100%
RiverStone	51	6	24	2	1	88%
Roanoke-Chowan	47	1	4	0	1	98%
Rockingham	25	2	13	0	1	92%
Rutherford-Polk	64	23	24	7	1	64%
Sandhills	121	0	65	0	2	100%
Smoky Mountain	99	2	89	1	1	98%
SE Center	478	24	326	9	1	95%
SE Regional	272	2	184	2	1	99%
Tideland	65	2	24	1	1	97%
Trend	96	3	56	2	1	97%
V-G-F-W	176	15	67	3	1	91%
Wake	886	224	330	43	1	75%
Wayne	57	10	25	4	1	82%
Wilson-Greene	61	5	40	3	1	92%
TOTAL	6481	765	3146	236		

Accountability3-Complete NC SNAP

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Access to Services 1

Performance Requirement: Provide access to services for eligible children in Department of Social Services (DSS) custody in an attempt to improve penetration rates for Fiscal Year 2001 to Fiscal Year 2002, subject to available funding.

Explanation:

Penetration rate = (A / B)

where A = Number of children in DSS custody receiving MH services from Area Programs. From Medicaid paid claims data.

B = Number of children in DSS custody in Area Program catchment area. From Medicaid eligibility data.

Children (age<18) with eligibility aid-category IAS or HSF.

Area Program/County	SFY1999 Adjusted Average	SFY2000 Adjusted Average	SFY2001 Adjusted Average					SFY2002 Average
ALAMANCE CASWELL	30.4 %	27.4 %	21.7 %	19.5 %	21.5 %	23.5 %	20.5 %	21.2 %
ALBEMARLE	25.6 %	22.6 %	22.1 %	25.0 %	27.8 %	26.1 %	30.2 %	27.3 %
BLUE RIDGE	3.9 %	39.4 %	37.0 %	37.6 %	35.5 %	37.1 %	35.0 %	36.3 %
CATAWBA	36.3 %	35.4 %	31.3 %	34.2 %	29.1 %	25.5 %	23.1 %	28.0 %
CENTERPOINT	3.3 %	24.5 %	26.2 %	29.3 %	28.3 %	29.5 %	26.1 %	28.3 %
CROSSROADS	29.0 %	24.5 %	22.1 %	22.2 %	21.4 %	20.5 %	18.3 %	20.6 %
CUMBERLAND	16.7 %	15.7 %	15.7 %	15.6 %	14.4 %	14.5 %	11.7 %	14.1 %
DAVIDSON	27.1 %	25.7 %	23.6 %	27.0 %	25.5 %	24.0 %	24.1 %	25.1 %
DUPLIN SAMPSON	18.5 %	18.6 %	15.5 %	14.9 %	15.8 %	16.7 %	13.1 %	15.1 %
DURHAM	30.8 %	31.9 %	30.3 %	28.3 %	27.2 %	27.8 %	25.0 %	27.1 %
EDGECOMBE NASH	31.1 %	25.4 %	26.9 %	30.0 %	32.2 %	30.0 %	28.3 %	30.1 %
FOOTHILLS	1.1 %	23.1 %	22.5 %	19.3 %	18.5 %	18.1 %	16.0 %	18.0 %
GUILFORD	29.3 %	30.2 %	24.1 %	25.1 %	25.5 %	27.3 %	24.5 %	25.6 %
JOHNSTON	20.1 %	21.2 %	29.3 %	24.1 %	25.6 %	24.9 %	25.7 %	25.1 %
LEE HARNETT	20.5 %	17.8 %	16.4 %	20.4 %	21.0 %	21.8 %	17.9 %	20.3 %
LENOIR	21.1 %	17.7 %	31.5 %	27.9 %	31.8 %	15.1 %	14.0 %	22.2 %
MECKLENBURG	22.8 %	26.3 %	29.5 %	31.5 %	33.4 %	33.4 %	31.3 %	32.4 %
NEUSE	21.5 %	21.7 %	21.6 %	21.1 %	24.1 %	19.3 %	18.8 %	20.8 %
NEW RIVER	36.7 %	38.4 %	35.2 %	29.3 %	29.0 %	29.7 %	27.6 %	28.9 %
ONslow	17.9 %	14.8 %	15.5 %	11.8 %	12.2 %	7.7 %	5.0 %	9.2 %
OPC	4.4 %	32.7 %	32.1 %	29.1 %	30.6 %	32.9 %	31.3 %	31.0 %
PATHWAYS	9.8 %	35.0 %	37.0 %	36.6 %	39.6 %	40.6 %	38.1 %	38.7 %
PIEDMONT	27.3 %	28.2 %	26.5 %	27.5 %	27.5 %	29.0 %	29.1 %	28.3 %
PITT	34.0 %	30.0 %	31.8 %	32.5 %	30.4 %	33.3 %	31.3 %	31.9 %

Area Program/County	SFY1999 Adjusted Average	SFY2000 Adjusted Average	SFY2001 Adjusted Average					SFY2002 Average	
RANDOLPH	43.2 %	45.0 %	49.6 %	48.9 %	47.5 %	48.5 %	41.5 %	46.6 %	*
RIVERSTONE	21.6 %	26.9 %	26.4 %	36.4 %	34.5 %	32.6 %	28.0 %	32.9 %	*
ROANOKE CHOWAN	40.4 %	37.4 %	37.2 %	36.8 %	34.3 %	28.9 %	35.3 %	33.8 %	*
ROCKINGHAM	18.7 %	16.2 %	17.1 %	22.1 %	23.5 %	23.0 %	17.9 %	21.6 %	
RUTHERFORD POLK	40.4 %	36.6 %	34.5 %	32.8 %	33.0 %	29.7 %	27.5 %	30.7 %	*
SANDHILLS	24.9 %	25.5 %	23.1 %	25.1 %	22.4 %	28.2 %	24.5 %	25.0 %	
SMOKY MTN	9.0 %	36.3 %	32.8 %	28.9 %	31.8 %	35.0 %	30.1 %	31.5 %	*
SOUTHEASTERN	6.4 %	34.8 %	34.6 %	35.2 %	36.7 %	32.7 %	32.2 %	34.2 %	*
SOUTHEASTERN REG	23.1 %	20.3 %	21.2 %	20.8 %	20.6 %	20.9 %	21.0 %	20.8 %	
TIDELAND	35.3 %	34.6 %	30.5 %	25.2 %	28.5 %	23.9 %	20.8 %	24.6 %	
TREND	3.1 %	44.7 %	40.0 %	36.9 %	31.9 %	29.8 %	27.0 %	31.4 %	*
V G F W	4.4 %	30.2 %	29.3 %	25.1 %	25.7 %	26.1 %	26.9 %	26.0 %	
WAKE	2.6 %	28.8 %	30.1 %	33.6 %	33.7 %	33.6 %	28.4 %	32.4 %	*
WAYNE	14.1 %	9.4 %	11.2 %	14.3 %	19.3 %	13.4 %	15.5 %	15.6 %	
WILSON GREENE	18.2 %	19.1 %	19.6 %	22.9 %	23.0 %	23.3 %	21.6 %	22.7 %	
State total	18.8 %	28.3 %	27.8 %	28.2 %	28.4 %	28.3 %	26.1 %	27.7 %	

Note:

Shaded cell indicates the Area Program maintained or increased service penetration rates from SFY01 to SFY02.

* Indicates the Area Program met or exceeded the state average service penetration rate during SFY02.
Declines of less than 1% are considered to be maintenance of penetration rate.

2001-2002 Performance Agreement
Fourth Quarter Report
April 1, 2002 - June 30, 2002
(This is an annual report covering July 1 2001 - June 30, 2002)
Service Delivery 1 - Adult Mental Health

Performance Requirement: Offer an appointment to see individuals who choose the Area Program for follow-up care within five (5) working days after notification to the Area Program of discharge of adults from State Psychiatric Hospital. If the client does not attend the appointment (i.e., no show), the Area Program will document that reasonable professional efforts were made to see or reschedule the client.

Area Program/County	# Adult MH Records Reviewed	# Clients Seen within 5 Days	# Efforts to Reschedule	# Clients Met	% Clients Met
Alamance-Caswell	10	7	3	10	100%
Albemarle	10	5	3	8	80%
Blue Ridge	10	9	0	9	90%
Catawba	3	2	1	3	100%
CenterPoint	10	8	1	9	90%
Crossroads	10	6	2	8	80%
Cumberland	10	7	4	10	100%
Davidson	5	5		5	100%
Duplin-Sampson-Lenoir	10	6	0	6	60%
Durham	10	8	2	10	100%
Edgecombe-Nash	8	5	1	6	75%
Foothills	10	6	4	8	80%
Guilford	10	9	0	9	90%
Johnston	10	5	2	8	80%
Lee-Harnett	10	5	6	8	80%
Mecklenburg	8	4	0	4	50%
Neuse	10	5	5	10	100%
New River	10	6	3	10	100%
Onslow	9	3	5	8	89%
O-P-C	10	7	0	7	70%
Pathways	8	3	1	3	38%
Piedmont	10	8	1	9	90%
Pitt	10	2	5	7	70%
Randolph	10	9	2	10	100%
RiverStone	10	6	3	9	90%
Roanoke-Chowan	9	9		9	100%
Rockingham	10	3	7	10	100%
Rutherford-Polk	10	5	5	8	80%
Sandhills	7	7		7	100%
Smoky Mountain	10	9	1	10	100%
Southeastern Center	30	29	20	29	97%
Southeastern Regional	10	10		10	100%
Tideland	10	10		10	100%
Trend	9	3	3	6	67%
V-G-F-W	9	3	2	4	44%
Wake	8	3	2	5	63%
Wayne	9	5	2	6	67%
Wilson-Greene	10	10		10	100%
TOTAL	372	252		318	85%

SD1-5dayreqmt-AMH, Q4

2001-2001 Performance Agreement
Fourth Quarter Report
April 1, 2002 - June 30, 2002
(This is an annual report covering July 1, 2001 - June 30, 2002)
Service Delivery 1 - Substance Abuse

Performance Requirement: Offer an appointment to see individuals who choose the Area Program for follow-up care within five (5) working days after notification to the Area Program of discharge of adults from Alcohol and Drug Abuse Treatment Center. If the client does not attend the appointment (i.e., no show), the Area Program will document that reasonable professional efforts were made to see or reschedule the client.

Area Program/County	# Substance Abuse Records Reviewed	# Clients Seen within 5 Days	# Efforts to Reschedule	# Clients Met	% Clients Met
Alamance-Caswell	10	8	0	8	80
Albemarle	2	2	NA	2	100
Blue Ridge	10	8	0	8	80
Catawba	1	1	NA	1	100
CenterPoint	10	8	0	8	80
Crossroads	1	1	NA	1	100
Cumberland	10	10	NA	10	100
Davidson	6	4	0	4	66.7
Duplin-Sampson-Lenoir	3	1	0	1	33.3
Durham	10	10	NA	10	100
Edgecombe-Nash	3	2	1	2	66.7
Foothills	3	2	0	2	66.7
Guilford	10	5	0	5	50
Johnston	NA	NA	NA	NA	NA
Lee-Harnett	1	1	NA	1	100
Mecklenburg	10	9	0	9	90
Neuse	6	4	0	4	66.7
New River	5	4	0	4	80
Onslow	7	7	NA	7	100
O-P-C	10	10	NA	10	100
Pathways	2	1	0	1	50
Piedmont	5	3	0	3	60
Pitt	10	6	0	6	60
Randolph	NA	NA	NA	NA	NA
RiverStone	1	0	0	0	0
Roanoke-Chowan	NA	NA	NA	NA	NA
Rockingham	10	10	NA	10	100
Rutherford-Polk	3	2	0	2	66.7
Sandhills	8	8	NA	8	100
Smoky Mountain	7	5	0	5	71.4
Southeastern Center	10	9	1	9	90
Southeastern Regional	1	1	NA	1	100
Tideland	4	0	0	0	0
Trend	1	0	0	0	0
V-G-F-W	10	9	0	9	90
Wake	1	1	NA	1	100
Wayne	7	7	NA	7	100
Wilson-Greene	2	2	NA	2	100
TOTAL	200	161	2	161	80.5

SD1-5dayReqmt-SA, Q4

APPENDICES

2001-2002 Performance Agreement
 Corrected Third Quarter Report
 January 1, 2002- March 31, 2002

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: **The Local Community Collaborative will submit Comprehensive Treatment Services Program waiting list data on a quarterly basis.**

Area Program/County	Waiting List Data Submitted
Alamance-Caswell	No
Albemarle	Yes
Blue Ridge	Yes
Catawba	Yes
CenterPoint	Yes
Crossroads	Yes
Cumberland	Yes
Davidson	Yes
Duplin-Sampson	Yes
Durham	Yes
Edgecombe-Nash	No
Foothills	Yes
Guilford	Yes
Johnston	No
Lee-Harnett	Yes
Mecklenburg	Yes
Neuse	No
New River	Yes
Onslow	No
Orange-Person-Chatham	Yes
Pathways	No
Piedmont	Yes
Pitt	Yes
Randolph	Yes
RiverStone	Yes
Roanoke-Chowan	Yes
Rockingham	No
Rutherford-Polk	No
Sandhills	No
Smoky Mountain	No
Southeastern Center	Yes
Southeast Regional	Yes
Tideland	Yes
Trend	Yes
Vance-Granville-Franklin-Warren	Yes
Wake	Yes
Wayne	Yes
Wilson-Greene	Yes